

<b>Case Number:</b>	CM14-0087392		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who reported injury 11/13/2013 due to a fall. The injured worker has diagnoses of cervical myoligamentous sprain/strain, cervical facet joint syndrome, lumbar myoligamentous sprain/strain, exacerbation of cervical and lumbar sprains/strains, medication induced gastritis and depression. Past medical treatments consist of physical therapy, epidural steroid injections and medication therapy. Medications include Norco, Ambien, Topamax, Remeron, Anaprox, Fexmid and Prilosec. The injured worker has undergone EMGs, MRIs and x-rays. On 05/01/2014, the injured worker complained of low back pain. Examination of the lumbar spine revealed muscular tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender with taught bands throughout the lumbar paraspinal muscles. It was noted that the injured worker had muscle guarding with range of motion. There was flexion of 45 degrees, extension of 15 degrees, left lateral bending 20 and right lateral bending 20 degrees. Sensory examination with the use of Wartenberg pinwheel was decreased along the posterolateral thigh and posterolateral calf in the approximate L5-S1 distribution bilaterally. Treatment plan is for the injured worker to continue use of medication therapy. The rationale was not submitted for review. The Request for Authorization form was submitted on 05/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for Anaprox DS 550mg, qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

**Decision rationale:** The request for retrospective Anaprox is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and in patients with acute exacerbation of chronic low back pain. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time with patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, renal vascular risk factors. In patients with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation lacked any evidence that provided a complete and accurate pain assessment. Additionally, the efficacy of the medication was not submitted for review. The submitted documentation noted that the injured worker had been on Anaprox since at least 05/2014, exceeding the recommendations for short term use. Furthermore, the request, as submitted did not indicate a duration or a frequency of the medication. As such, the request is not medically necessary.

**Retrospective request for Norco 10/325mg, qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): page 75, page 78..

**Decision rationale:** The request for retrospective Norco 10/325 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. An assessment should be submitted for review indicating what pain levels were before, during and after medication administration. The submitted documentation did not indicate that the medication was helping the injured worker with any functional deficits. Additionally, the efficacy of the medication was not submitted for review. There were no drug screens submitted for review showing the injured worker was in compliance with his medications. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Retrospective request for FexMid 7.5mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (FexMid), Page(s): 41..

**Decision rationale:** The request for retrospective Fexmid is not medically necessary. The California MTUS Guidelines recommend Fexmid as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It is documented in the submitted report that the injured worker had been taking Fexmid since at least 05/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was submitted for review to warrant the continuation of the medication. Furthermore, the request, as submitted, did not indicate a frequency and duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.