

Case Number:	CM13-0063960		
Date Assigned:	01/03/2014	Date of Injury:	08/28/2013
Decision Date:	03/04/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This is a female who suffered an industrial related injury on 9/2/13 after bending to pick up a box when she felt pain up her back. A physician's report dated 10/10/13 states that the patient will be prescribed Naproxen, Norco, and Fexmid. A physician's report dated 10/21/13 noted the injured worker had complaints of back pain. The injured worker was noted to be morbidly obese. The physician's report dated 11/7/13 noted physical examination findings of normal reflex, sensory, and power testing to bilateral upper and lower extremities. Straight leg raise and bowstrings were negative bilaterally. Normal gait was noted. The injured worker was described as physically deconditioned. The injured worker was able to heel walk and toe walk bilaterally. Lumbar tenderness was present and lumbar spine range of motion was decreased 10%. Femoral stretch was negative bilaterally. X-rays of the lumbar spine obtained on 9/9/13 were noted to be within normal limits. The diagnosis was lumbar strain. On 12/11/13 the utilization review (UR) physician denied the requests for 90 Anaprox DS 550mg, 90 Norco 10/325mg, and 60 Fexmid 7.5mg. Regarding Anaprox, the UR physician noted neither the medical records of the appeal letter provide specific detail as to why this medication is helpful or indicated for this particular injured worker. Regarding Norco, the UR physician noted the medical records do not contain an individualized decision for this particular injured worker to support a rational for this medication. A prior physician review recommended modification for taper and discontinue. There is no indication that the current request is part of a taper. Therefore the request was denied. Regarding Fexmid, the UR physician noted the medical records contained general information

but did not contain additional specific clinical information about this particular injured worker. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 ANAPROX DS 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: 90 Anaprox DS 550mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. There is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients and taking NSAIDs and may compromise renal function. The documentation does not indicate evidence of functional improvement or efficacy of prior Anaprox therefore the request for Anaprox is not medically necessary.

90 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above recommended documentation with evidence of significant functional improvement on prior Norco therefore 90 Norco 10/325mg is not medically necessary.

60 FEXMID 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: 60 Fexmid 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Fexmid is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Fexmid without evidence of functional improvement of efficacy from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Fexmid is not medically necessary.