

Case Number:	CM14-0156444		
Date Assigned:	09/25/2014	Date of Injury:	01/18/2009
Decision Date:	05/12/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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. 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: California, Washington

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

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 69-year-old female who reported an injury on 01/18/2009 due to an unspecified mechanism of injury. The most recent clinical note provided was dated 09/09/2014. It was noted that the injured worker presented complaining of severe sciatic pain. Objective findings showed that she had an antalgic gait, foot drop, hamstrings spasm. She was diagnosed with post-traumatic neuropraxia of the sciatic nerve of the lever lover extremity. Her medications included Fexmid/cyclobenzaprine, Norflex/orphenadrine 7.5 mg 1 every 8 hours for pain, flurbiprofen/lidocaine cream applied twice daily, Norco 10/325 mg every 4 hours as needed. The treatment plan was for the injured worker to continue using her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fex-med 75mg (1 every 8 hours): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that nonsedating muscle relaxants are recommended as a second line treatment option for those with acute low back pain. The documentation submitted for review does not show that the injured worker was having a quantitative decrease in pain or objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long the injured worker had been using Fexmid for treatment as it is only recommended for short term treatment. Furthermore, the frequency and quantity of medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg, 1 every 4 hours as needed: 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.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation submitted not does show that the injured worker was having a quantitative decrease in pain or an objective improvement function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screening is recommended for those who are at high risk for medication misuse or for those who display aberrant drug taking behaviors. The documentation submitted for review does not indicate that the injured worker was at high risk for abusing his medications or that he displayed aberrant drug taking behaviors. Also, no information was provided regarding when the injured worker's last urine drug screen was. Without this information, the request will not be supported. As such, the request is not medically necessary.

Flurbiprofen/Lidocaine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is only recommended in the form of a dermal patch for neuropathic pain. The documentation submitted for review does not show that the injured worker has tried and failed recommended oral medications to support the medical necessity of a topical analgesic. There is also no indication that the injured worker has had a quantitative decrease in pain or an objective improvement in function with this medication. Furthermore, the frequency and quantity of the medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.