

Case Number:	CM14-0188704		
Date Assigned:	11/19/2014	Date of Injury:	07/15/2008
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation and Pain Management 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 patient is a 56 year old male with date of injury 07/15/08. The treating physician report dated 10/01/14 indicates that the patient presents with pain affecting the lumbar spine. The physical examination findings reveal improved ROM at the lumbar spine, positive left SLR, and tenderness to the lumbar spine. Prior treatment history includes epidural injections, physical therapy, and medication. The patient had a liver test on 07/25/2013 which stated that the test a year ago had abnormal liver function but it is now normal. The patient's work status is permanent and stationary. MRI findings reveal L4-5 have moderately severe disc degeneration and a 6mm disc bulge. The current diagnoses are: 1. Chronic Pain 2. Chondromalacia of Patella 3. Unspecified Displacement Disc Site without Myelopathy 4. Lumbar Intervertebral Disc Degeneration 5. Lumbago 6. Thoracic/ Lumbosacral Radiculitis. The utilization review report dated 10/24/14 denied the request for Norco based on a modified recommendation weaning recommendation not being taken into account, Fexmid based on muscle spasms not being noted, but certified Ultram 100MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Fexmid 7.5. Fexmid (cyclobenzaprine) is a muscle relaxant. The primary treating physician has been prescribing the patient this medication for over a year. MTUS guidelines state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use... In this case, an unspecified quantity has been requested for review and the quantity cannot be changed by the reviewer. This medication is not recommended to be used for longer than 2-3 weeks." In this case the treating physician has prescribed a medication for over one year and MTUS only recommends this medication for 2-3 weeks. Recommendation is for denial.

Norco 7.5/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Norco 7.5/325. On the primary treating physician's 10/20/14 report it states that the medication has "allowed reduction in his pain to a 1-3/10 with accompanying improvement in function. He is able to complete ADL's and home exercise program because of the pain relief he gets from his medication. He is monitored regularly for any evidence of red flags relative to use/ misuse/ overuse or side effect/ complication." In this case the treating physician has provided documentation that the patient has decreased pain with medication usage, improved ability to perform functional activities of daily living with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage. MTUS recommends the usage of Norco with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). While this medication is supported by the MTUS guidelines and the treating physician has documented its effectiveness the current request is for an unknown quantity and duration of usage thus rendering the prescription invalid. Recommendation is for denial.

Ultram ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 93.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Ultram ER 100 mg. On the primary treating physician's 10/20/14 report it states that the medication has "allowed reduction in his pain to a 1-3/10 with accompanying

improvement in function. He is able to complete ADL's and home exercise program because of the pain relief he gets from his medication. He is monitored regularly for any evidence of red flags relative to use/ misuse/ overuse or side effect/ complication." The MTUS guidelines support the use of Ultram ER. While this medication is supported by the MTUS guidelines and the treating physician has documented its effectiveness. The current request is for an unknown quantity and duration of usage thus rendering the prescription invalid. Recommendation is for denial.