

Case Number:	CM15-0011867		
Date Assigned:	01/29/2015	Date of Injury:	08/09/2011
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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 42 year old male who reported injury on 08/09/2011. The mechanism of injury was not provided. The documentation submitted for review indicated the injured worker's prior medications included muscle relaxants, NSAIDs, and opioids. The documentation of 11/04/2014 revealed the injured worker had a decrease in low back pain rated a 4/10. The pain was described as sore. The injured worker underwent a bilateral L3 through L5 medial branch block on 10/17/2014 and got more than 80% relief. The injured worker decreased his medication use. The heel/toe walk was performed with difficulty secondary to low back pain. The injured worker had a wide based gait. There was moderate tenderness to palpation over the paraspinal musculature. There was moderate left sided subscapular pain with moderate mid to lower thoracic pain. There was mild facet tenderness over the bilateral L2 through L5 levels. The injured worker had a positive bilateral sacroiliac test, faber test, sacroiliac thrust test, and Yeoman's test. The injured worker had decreased bending of the lumbar spine. Sensation was intact to pain, temperature, light touch, vibration, and 2 point discrimination in all dermatomes. The injured worker's strength was 5/5 bilaterally in the lower extremities, and the reflexes were 2+ bilaterally. The recommendation was for a rhizotomy, cold therapy, and continue present medications as needed, and return following the rhizotomy. The subsequent documentation of 12/10/2014 was incomplete. However, it was requesting Norco 7.5/325, Fexmid 7.5 mg by mouth twice a day for the treatment of spasms, and Mobic 15 mg #30 to reduce pain and inflammation. These medications were noted to be refilled medications. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 64.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. The documentation further indicated the injured worker was continuing to have muscle spasms. This would not support the necessity for further continuation of the medication. Additionally, it would exceed guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fexmid 7.5 mg, sixty count is not medically necessary.

Mobic 15 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Mobic 15 mg, thirty count is not medically necessary.

Norco 7.5/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker's medications were to be continued. However, there was a lack of documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 7.5/325 mg, 120 count is not medically necessary.