

<b>Case Number:</b>	CM15-0012091		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	12/10/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 42 year old female who sustained an industrial injury on 12/10/07. She is experiencing continued jaw pain (7/10), bilateral shoulder pain (7/10); back pain (6/10); bilateral knee pain, worse on the right (6/10) and depression and anxiety. Her medications include Fexmid, Norco, Protonix and Restoril. Diagnoses are upper extremity paresthesias; status post left shoulder scope acromioplasty and distal clavicle resection; lumbar disc displacement with annular tear at L4 through L5, possibly through S1; Cervical disc displacement; distal radius fracture and left shoulder impingement. Treatments to date include failed home conservative care (no specifics offered). Progress note dated 10/29/14 indicates refill on medications and physical therapy due to the injured workers complaints of increasing pain and failed conservative home care. On 1/12/15 Utilization Review non-certified the requests for Fexmid 7.5 mg 1 by mouth 3 times a day # 90; Norco 10/325 mg 1 by mouth every 8 hours # 90; Anaprox 550 mg 1 by mouth 2 times a day # 60 citing MTUS: Chronic pain Medical Treatment Guidelines: Muscle Relaxants; MTUS: Chronic Pain Medical Treatment Guidelines: Opioids and MTUS: Chronic pain Medical Treatment Guidelines: NSAIDs respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg 1 PO TID #90:** Upheld

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

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

**Decision rationale:** MTUS Guidelines do not recommend the long term daily use of Fexmid. Short term use of acute exacerbations may be supported in the Guidelines, but that is not how this drug is being prescribed. There are no unusual circumstances to justify an exception to Guidelines. The Fexmid 7.5mg 1 po tid #90 is not medically necessary.

**Norco 10/325mg 1 PO q 8 hours #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines have very specific standards for the responsible prescribing of long term opioids. The standards include careful documentation of how the opioids are used on a daily basis, documentation of the amount of pain relief from opioid use, documentation of the length of pain relief from opioid use and objective measures of functional improvements as a result of opioid use. The majority of these standards have not been met by the prescribing physician. Under these circumstances the Norco 10/325mg q 8 hours #90 is not supported by Guidelines and is not medically necessary.

**Anaprox 550mg 1 PO BID #60:** Overturned

**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 NSAIDs Page(s): 67,68.

**Decision rationale:** MTUS Guidelines supports the careful use of NSAIDs for chronic conditions that include a significant component of inflammation such as large joint arthritis. This patient has qualifying conditions based on her knee, shoulder and TMJ diagnosis. The Anaprox 550mg BID #60 is supported by Guidelines and is medically necessary.