

<b>Case Number:</b>	CM15-0014801		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 50-year-old male who reported injury on 08/04/2014. The mechanism of injury was not provided. The documentation of 12/22/2014 revealed the injured worker had an MRI. The injured worker's pain was 8/10 without medications and was 4/10 with medications. The muscle relaxants helped with spasms. The injured worker was requesting medications and was advised he would need to see a pain management specialist. The objective findings revealed normal reflex, sensory and power testing to the bilateral upper and lower extremities. The injured worker had a positive impingement test on the right shoulder. The injured worker had tenderness in the right elbow. The diagnoses included spraining injury, right second metacarpal joint, contusion, right elbow, extensor tear, right shoulder sprain with RCT and narcotic tolerance. The treatment plan included a pain management evaluation, physical therapy, and a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Fexmid 7.5 mg, 1 Tablet 3 times daily #60: 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): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional benefit with the use of the medication. The injured worker had utilized the medication for an extended duration of time. Given the above, the Retrospective request for Fexmid 7.5 mg, 1 Tablet 3 times daily #60 is not medically necessary.

**Retrospective request for Anaprox DS 550 mg, 1 Tablet twice a day #90: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective pain relief. However, there was a lack of documentation of objective functional improvement. Given the above, the request for Retrospective request for Anaprox DS 550 mg, 1 Tablet twice a day #90 is not medically necessary.

**Retrospective request for Ultram ER 150 mg, 1 Capsule, 1 time daily #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

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

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. The injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement. Given the above, the retrospective request for Ultram ER 150 mg, 1 Capsule, 1 time daily #60 is not medically necessary.

**Retrospective request for Protonix 20 mg, 1 Capsule, twice daily #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide documentation of signs and symptoms of dyspepsia. There was a lack of documentation of efficacy for the requested medication. The medication is being concurrently reviewed with Anaprox DS 550, which is not supported as such, there would be no need for this medication. Given the above, the retrospective request for Protonix 20 mg, 1 Capsule, twice daily #60 is not medically necessary.