

Case Number:	CM15-0116168		
Date Assigned:	06/24/2015	Date of Injury:	03/12/2010
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

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 51-year-old female injured worker suffered an industrial injury on 3/12/2010. The diagnoses included cervical disc disease with radiculopathy, bilateral shoulder tendinosis, lumbar disc disease with radiculopathy. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications and epidural steroid injections. On 5/19/2015 the treating provider reported the injured worker had lumbar epidural steroid injections on 4/20/2015 that resulted in radicular improvement. On exam, the cervical and lumbar spine was tender along with straight leg raise that was positive. The neck pain rated 8 to 9/10 and low back pain rated 7/10. The lumbar spine had guarding and spasms with facet tenderness. The injured worker had been on another muscle relaxant prior to this request for Fexmid. The treatment plan included Norco and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg one po Q12H prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 81.

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation provided did have documented pain levels but did not include a comprehensive pain assessment and evaluation. There was no evidence of functional improvement. Therefore, the Norco was not medically necessary.

Fexmid 7.5mg one po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Muscle relaxants only recommend use for acute conditions for a short course of therapy. The documentation provided indicated the injured worker had been on muscle relaxant therapy prior to the requested treatment of Fexmid. There was no rationale present to indicate the need to change agents. The conditions for which the muscle relaxant was prescribed were chronic conditions, and not acute. There also was no evidence of functional improvement. Therefore, Fexmid was not medically necessary.