

Case Number:	CM15-0116849		
Date Assigned:	06/25/2015	Date of Injury:	08/13/2003
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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 injured worker is a 33 year old female who sustained an industrial injury on 08/13/2003 resulting in pain/injury to the back. Treatment provided to date has included: medications (including Norco, Fexmid, Prilosec, Nalfon, and topical compound of flurbiprofen, Menthol, Camphor and capsaicin) which were reported to be helpful, and conservative therapies/care. Diagnostic testing was not provided or mentioned in the progress notes. There were no noted comorbidities or other dates of injury noted. On 03/11/2015, physician progress report noted complaints of continued low back pain that radiates to both leg and is associated with numbness and tingling. The injured worker reported that the low back pain radiates to the mid-back as well which is aggravated with any type of bending or twisting motions. In addition, the injured worker states that the mid-back pain radiates to both shoulder blades and around to the chest. The injured worker's pain was decreased after taking Prilosec; pain severity decreased from 8/10 to 5/10 after taking Fexmid; pain severity decreased from 8/10 to 6/10 after taking Nalfon; pain severity decreased from 8/10 to 5/10 after using flurbiprofen. Additional complaints included headaches from the mid-back pain. The physical exam revealed tenderness to palpation over the thoracic and lumbar paraspinal musculature, decreased range of motion due to pain and stiffness, positive straight leg raise at 20° in the bilateral lower extremities, diminished sensation to light touch and pin-prick in the bilateral L5-S1 dermatomal distribution, and 1+ deep tendon reflexes throughout the lower extremities with down-going toes bilaterally. The provider noted diagnoses of lumbar discopathy with disc displacement, thoracic musculoligamentous injury, and lumbar radiculopathy. Plan of care includes continuation of current medications, acupuncture,

chiropractic manipulation, updated MRI of the thoracic spine, MRI of the lumbar spine, urine toxicology screening, and follow-up. The injured worker's work status remained temporarily totally disabled. The progress report dated 11/03/2014 stated that the injured worker was last prescribed Fexmid, Norco and topical compound of flurbiprofen, Menthol, Camphor and capsaicin on 09/29/2014. It was also noted that these medications were refilled on a regular basis since 09/29/2014. Although there were no pain ratings on any of the other progress reports, the subjective complaints and objective findings were without change. Additionally, medications were only reported to be helpful. The request for authorization and IMR (independent medical review) includes: Fexmid 7.5mg #120 and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); and Muscle relaxants (for pain) Page(s): 41-42, 63-64.

Decision rationale: Cyclobenzaprine (brand names: Amrix, Flexeril and Fexmid; generic form: tabradol) is a centrally acting skeletal muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine (Amrix, Flexeril, Fexmid and other generic forms) is recommended for a short course of treatment (with greatest effect within the first 4 days) and not recommended for long term use. The clinical notes show that the injured worker has been prescribed cyclobenzaprine (Fexmid) since 09/29/2014 with insufficient evidence of reduction in pain and improvement in function. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, Fexmid 7.5mg #120 is not medically necessary.

Norco 10/325mg QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain; Opioids, dosing; Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

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 MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) how long it takes for pain relief; 4) how long pain relief lasts; and 5) improvement in function. In addition, there has been no overall measurable improvement in function or improved quality of life while taking this medication over the last 6 months. As such, Norco 10/325mg #120 is not medically necessary.