

<b>Case Number:</b>	CM15-0125009		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 58 year old male injured worker suffered an industrial injury on 12/03/2013. The diagnoses included low back pain, chondromalacia of patella and knee pain. The injured worker had been treated with medication and acupuncture. On 5/13/2015, the treating provider reported lumbar spine pain and left knee pain rated 6/10. On exam, there was lumbar spine tenderness and left knee tenderness. It was not clear if the injured worker had returned to work. The treatment plan included Tylenol 30mg and Fexmid 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 30mg #60, refills not specified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included evidence of use from at least 2/18/2015. The administration directions were included in the medical records for 5/13/2015. The medical records did not include a comprehensive pain assessment and evaluation, no evaluation of functional improvement and no evidence of aberrant drug usage assessment. Therefore, Tylenol 30mg was not medically necessary.

**Fexmid 7.5mg #60, refills not specified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**Decision rationale:** MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated that the medication was used at least from 2/18/2015. The visit note from 5/13/2015 indicated directions for administration. The medical records did not include evidence of muscle spasms, acute neck or back pain or an acute exacerbation of a condition. There was no evidence of specific prior benefit or functional improvement. Therefore, Fexmid was not medically necessary.