

Case Number:	CM15-0172567		
Date Assigned:	09/14/2015	Date of Injury:	06/18/2004
Decision Date:	10/15/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/01/2015

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, Indiana, 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 injured worker is a 50-year-old male, who sustained an industrial injury on June 18, 2004. He reported right flank pain, low back pain, bilateral sacroiliac joint pain, and bilateral lower extremity pain with associated tingling and numbness. The injured worker was diagnosed as having lumbar discopathy with disc displacement, status post lumbar fusion and bilateral sacroiliac arthropathy. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, medications and work restrictions. Currently, the injured worker continues to report right flank pain, low back pain, bilateral sacroiliac joint pain, and bilateral lower extremity pain with associated tingling and numbness. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on May 20, 2015 revealed continued pain as noted. Medications including Fexmid and Norco were continued. Evaluation on July 25, 2015, revealed continued pain with associated symptoms. There was noted tenderness to palpation over the paraspinal musculature. Decreased range of motion of the lumbar spine was noted. Fabere's and Patrick's tests were positive and there was positive percussion over the right flank. Medications were continued including Fexmid and Norco. The RFA included requests for 1 Lumbar orthosis and Fexmid 7.5mg #120 that were noncertified and Norco 10/325mg #120 that was modified on the utilization review (UR) on August 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar discopathy with disk displacement status post lumbar fusion; and bilateral sacroiliac arthropathy. Date of injury is June 18, 2004. Request for authorization is July 25, 2015. According to the earliest progress note dated February 12, 2015, the treating provider prescribed Fexmid, Ultram and Oxycodone. According to a March 19, 2015 progress notes, the treating provider prescribed Fexmid, Tramadol and Norco. Oxycodone was discontinued. According to the most recent progress note dated July 25, 2015, subjective complaints include residual pain in the lumbar spine. The treating provider continued Fexmid, Ultram and Norco. Objectively, there was tenderness to palpation and decreased range of motion. Motor examination was 5/5. There was no documentation demonstrating objective functional improvement with Fexmid. Fexmid is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Fexmid, at a minimum, was prescribed in excess of five months. Fexmid is recommended for short-term (less than two weeks). There are no compelling facts to support its use. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of five months (guidelines recommend less than two weeks) and no documentation demonstrating objective functional improvement, Fexmid 7.5 mg #120 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar discopathy with disk displacement status post lumbar fusion; and bilateral sacroiliac arthropathy. Date of injury is June 18, 2004. Request for authorization is July 25, 2015. According to the earliest progress note dated February 12, 2015, the treating provider prescribed Fexmid, Ultram and Oxycodone. According to a March 19, 2015 progress notes, the treating provider prescribed Fexmid, Tramadol and Norco. Oxycodone was discontinued. According to the most recent progress note, dated July 25, 2015, subjective complaints include residual pain in the lumbar spine. The treating provider continued Fexmid, Ultram and Norco. Objectively, there was tenderness to palpation and decreased range of motion. Motor examination was 5/5. There was no documentation demonstrating objective functional improvement with Norco. There were no risk assessments. There are no detailed pain assessments in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no risk assessments or detailed pain assessments. Norco 10/325mg #120 is not medically necessary.

1 Lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, 1 lumbar orthosis is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports to not prevent low back pain. In this case, the injured worker's working diagnoses are lumbar discopathy with disk displacement status post lumbar fusion; and bilateral sacroiliac arthropathy. Date of injury is June 18, 2004. Request for authorization is July 25, 2015. According to the earliest progress note dated February 12, 2015, the treating provider prescribed Fexmid, Ultram and Oxycodone. According to a March 19, 2015 progress notes, the treating provider prescribed Fexmid, Tramadol and Norco. Oxycodone was discontinued. According to the most recent progress note, dated July 25, 2015, subjective complaints include residual pain in the lumbar spine. The treating provider continued Fexmid, Ultram and Norco. Objectively, there was tenderness to palpation and decreased range of motion. Motor examination was 5/5. There is no documentation of lumbar instability. Injury is 11 years old. Lumbar supports have not been shown to have lasting effect beyond the acute

phase of symptom relief. Lumbar supports are not recommended or prevention. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non- recommendations for lumbar orthosis, 1 lumbar orthosis is not medically necessary.