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| Case Number: | CM15-0173955 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 10/30/2014 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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: Pennsylvania, Ohio, 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 40 year old male who sustained an industrial injury on 10-30-2014. According to a progress report dated 07-28-2015, pain in the lower back and right leg still with numbness, weakness and tingling was noted. He reported 50% relief after a lumbar epidural steroid injection on 06-12-2015. Injection site was tender to touch. Left arm pain was "slightly better", but soreness continued. Anxiety and stress continued. He completed physical therapy with "relief". Pain medications brought the pain intensity down from 7 to 4 and allowed him to continue activities of daily living with less pain and stiffness. He reported that without medications he would not be able to function or move due to increased pain intensity. Diagnoses included lumbar spine sprain strain, herniated lumbar disc L4-L5, L5-S1, left shoulder sprain strain, cephalgia and anxiety and depression. The treatment plan included refill medications: Meloxicam 7.5 mg #30 once daily, Norco 10-325 mg #60 one every 12 hours for severe pain, Ultram ER #30 one daily for moderate pain, Prilosec 20 mg #60 one daily to protect gastric mucosa and Flexeril 7.5 mg #90 one three times a day for muscle spasms. He was to follow up with psych for anxiety and depression. A functional capacity evaluation was being requested to assess work limitation and capabilities. Records submitted for review show medication refills of Meloxicam, Norco, Ultram, Prilosec and Flexeril dating back to 02-17-2015. A comprehensive drug panel performed on 02-17-2015 was negative for any substances. An authorization request dated 07-28-2015 was submitted for review. The requested services included Fexmid, Ultram ER, Prilosec, Norco and Meloxicam, follow up with psyche and

functional capacity evaluation. On 08-14-2015, Utilization Review non-certified the request for Fexmid 7.5 mg #120, Ultram ER 150 mg #30 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #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 rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. Therefore, this request is not medically necessary.

Ultram ER 150 mg #30: 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, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. In this case, it is particularly unclear why Norco and Ultram would be indicated simultaneously; additionally the degree of ongoing perceived and reported disability appears out of proportion to the objective impairment factors and does not suggest functional benefit from opioid treatment. Therefore, this request is not medically necessary.

Prilosec 20 mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. Therefore, this request is not medically necessary.