

Case Number:	CM15-0176324		
Date Assigned:	09/17/2015	Date of Injury:	01/24/2013
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old male, who sustained an industrial injury on 1-24-13. The injured worker was diagnosed as having lumbago, cervical radiculopathy, and lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injections and medication including Hydrocodone-Acetaminophen. The injured worker had been taking Fexmid and Naproxen Sodium since at least May 2015. On 8-3-15, pain was rated as 7 without medication. The treating physician noted the injured worker "has extreme difficulty performing simple activities of daily living including dressing, personal hygiene, light to moderate house work, food preparation, and certainly cannot go to work due to the pain." On 8-3-15, physical examination findings included mild to moderate tenderness over the left erector capitis and trapezius muscles, mild lumbar spine tenderness, and a positive straight leg raise on the left. Currently, the injured worker complains of low back pain with radiation to bilateral legs, neck and upper extremity pain, and left sided headaches and facial pain. The treating physician requested authorization for Naproxen Sodium 550mg #60 and Fexmid 7.5mg #60. On 8-7-15, the requests were modified or non-certified. Regarding Naproxen Sodium, the utilization review (UR) physician noted, "there is an absence in documentation documenting medical necessity for the long term use of an NSAID. There is no documentation of functional improvement with this medication." Regarding Fexmid, the UR physician noted, "There are no extenuating circumstances to support the long term use of this medication in this case." The UR physician modified the request to certify a quantity of 45 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Overturned

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, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), and objective functional improvement. As such, the currently requested Naproxen is medically necessary.

Fexmid 7.5mg #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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Fexmid) is not medically necessary.