

Case Number:	CM15-0026298		
Date Assigned:	02/18/2015	Date of Injury:	10/08/2013
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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
 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 39 year old male, who sustained an industrial injury on 10/8/13. He has reported left elbow, neck, back and left shoulder after falling off an I-beam 9 feet above the ground. The diagnoses have included left ulnar fracture, status post Open Reduction and Internal Fixation (ORIF) with decreased range of motion ulnar nerve dystrophy, left shoulder impingement lumbar spine and herniated nucleus pulposus. Male Treatment to date has included medications, diagnostics, surgery, injections, physical therapy and splinting. Surgery included sub-muscular ulnar nerve transposition, hardware removal of the left elbow and splint application 10/8/13 and hardware removal and left ulnar nerve transposition surgery 7/7/2014. Currently, the injured worker complains of low back pain that radiates to groin and left thigh. The pain is 7/10 with medications and 9/10 without medications. The medications help the pain and the muscle spasms have decreased with use of muscle relaxant. Physical exam revealed mild weakness of left hand which has improved. There was numbness and weakness on the left. The straight leg raise and bowstring were positive on the left. There was positive cervical spasm and lumbar spasm with decreased range of motion cervical and lumbar areas. There was impingement left shoulder with tenderness, spasms and loss of range of motion. There were diagnostics documented. Treatment was to re-fill medications. On 1/12/15 Utilization Review non-certified a request for Norco 10/325mg #90 and Fexmid (Cyclobenzaprine) 7.5mg #60, noting the request for Norco is not medically necessary or appropriate as the records did not provide evidence of analgesic effect of the medication, if activities of daily living (ADL's) improved, adverse effects or if a home pain diary was being utilized. Regarding Fexmid

(Cyclobenzaprine) 7.5mg #60, the medication is being used on a long term basis and is not medically necessary or appropriate. The (MTUS) Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going Opioid Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient is a 38 year old male with an injury date of 10/08/13. Per the 02/20/15 report by [REDACTED] the patient presents with lower back pain radiating into the left lower extremity. The patient is s/p elbow surgery by [REDACTED] on 07/07/14 and continues with [REDACTED] s/p shoulder surgery 01/28/15. The current request is for NORCO 10/325 mg #90 Hydrocodone, an opioid. The RFA is not included. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed opioids-Norco and Tramadol since at least 09/09/14. The treater states on 02/02/15 that medications that include Norco breakthrough pain not used daily, Naproxen, and Tramadol ER used daily for weaning decrease the patient pain by 2-3 points, improve function and reduce symptoms. Pain scales are routinely used to assess pain and show 6-7 pain with medications and 9/10 pain without. Medications are noted to improve the patient's ADL's including ambulation, use the bathroom, provide self-care, cook, and clean. On 01/05/15 the treater mentions review of a UDS sample collected on the prior visit. No UDS reports are included for review. Side effects are addressed regarding GI issues with medication. Adverse behavior is not discussed. In this case, there is sufficient documentation of long-term opioid use as required by guidelines. However, the treater does not explain why #90 is needed for less than daily use. Reports from 01/05/15 and 02/05/15 show that the patient is scheduled for return at monthly intervals. The request IS NOT medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient is a 38 year old male with an injury date of 10/08/13. Per the 02/20/15 report by [REDACTED] the patient presents with lower back pain radiating into the left lower extremity. The patient is s/p elbow surgery by [REDACTED] on 07/07/14 and continues with [REDACTED] s/p shoulder surgery 01/28/15. The current request is for Fexmid (Cyclobenzaprine) 7.5mg #60. The RFA is not included. The patient is not working. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The treater states this medication is intended for pain and muscle spasms and has previously provided relief to this patient. However, guidelines limit use to a short course of therapy of not more than 2-3 weeks, and the reports provided for review show this medication was refilled on 01/05/15 and continued to be prescribed 02/05/15. Furthermore, the request for #60 does not suggest the short term use recommended by the MTUS guidelines. The request IS NOT medically necessary.