

Case Number:	CM15-0027680		
Date Assigned:	02/20/2015	Date of Injury:	06/28/2001
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on June 28, 2001. She has reported injury to her right wrist causing immediate pain and swelling. She later developed pain, numbness and tingling radiating to the right arm, shoulder and neck area. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain, left upper extremity radiculitis with multilevel disc degeneration and spondylosis, status post left knee arthroscopy, status post right carpal tunnel release and bilateral wrist tendinitis. Treatment to date has included diagnostic studies, brace, physical therapy, exercises, acupuncture, chiropractic treatment, cortisone injection, surgery and medication. On February 10, 2015, the injured worker complained of neck pain with severe decreased range of motion. She was unable to turn her neck, look up/down, unable to groom and cook for herself. Physical examination of the cervical spine revealed severe muscle guarding with spasm in the left upper trapezius muscle, levator scapulae and left paravertebral musculature. Spurling's test and Axial Compression tests were positive. Active range of motion of the cervical spine is flexion 32 degrees, extension 25 degrees, right rotation 36 degrees, left rotation 28 degrees, right side bending 27 degrees and left side bending 20 degrees. On January 27, 2015 Utilization Review non-certified Fexmid 10mg #60 and Norco 5/325mg #60, noting the CA Chronic Pain Medical Treatment Guidelines. On February 13, 2015, the injured worker submitted an application for Independent Medical Review for review of Fexmid 10mg #60 and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. 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 Fexmid is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.