

Case Number:	CM15-0064976		
Date Assigned:	04/13/2015	Date of Injury:	12/11/2007
Decision Date:	05/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/06/2015

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 59 year old male who sustained an industrial injury on December 11, 2007. He has reported injury to the low back, neck, bilateral elbows, and bilateral wrists and has been diagnosed with status post C5-6 fusion, bilateral elbow medial and lateral epicondylitis with left cubital tunnel syndrome, bilateral forearm/wrist flexor/ extensor tendinitis with history of bilateral carpal tunnel release surgeries, right shoulder impingement strain, and status post L4 to S1 fusion. Treatment has included a home exercise program and medications. Currently the injured worker has tenderness to palpation over the cervical paravertebral musculature and trapezius muscle. The treatment request included fexmid, Norco, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. 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 #60 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post C5-C6 fusion with residual radiculitis; status post C6-C7 fusion; bilateral medial and lateral epicondylitis with left cubital tunnel syndrome; bilateral forearm/wrist flexor/extensor tendinitis bilateral carpal tunnel release surgeries; right shoulder impingement/strain; status post L4-S1 fusion; psychiatric and sleep complaints deferred. The medical record contains 33 pages and one progress note. The progress note was dated March 13, 2015. There are no old records to determine medication length of time. Subjectively, the injured worker was last seen one year ago on March 31, 2014 for neck, low back, bilateral elbows and bilateral wrists. The injured worker presented on March 13, 2015 for medication refills. Fexmid (Flexeril) 7.5 mg is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation and chronic low back pain. There is no documentation in the medical record the injured worker is being treated for an acute exacerbation of low back pain. Additionally, Flexeril is indicated for short-term (less than two weeks). The injured worker presented for a refill indicating the injured worker was on Flexeril one month prior (at a minimum). The treating provider exceeded the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation to support the ongoing use of Fexmid 7.5mg in excess of the recommended guidelines for short-term use (7 to 10 days), Fexmid 7.5 mg #60 is not medically necessary.

Norco 7.5/325mg, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. 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, Norco 7.5/325 mg #20 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 by the 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 an addicted to oil and the hello 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 status post C5-C6 fusion with residual radiculitis; status post C6-C7 fusion; bilateral medial and lateral epicondylitis with left cubital tunnel syndrome; bilateral forearm/wrist flexor/extensor tendinitis bilateral carpal tunnel release surgeries; right shoulder impingement/strain; status post L4-S1 fusion; psychiatric and sleep complaints deferred. The medical record contains 33 pages and one progress note. The progress note was dated March 13, 2015. There are no old records to determine medication length of time. Subjectively, the injured worker was last seen one year ago on March 31, 2014 for neck, low back, bilateral elbows and bilateral wrists. The injured worker presented on March 13, 2015 for medication refills. It is unclear how long the injured worker has been taking Norco based on a single progress note in the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing opiate use) there is no documentation of objective functional improvement to gauge the ongoing long-term efficacy of Norco. There is no documentation of attempted weaning of opiates in the medical record. Consequently, absent clinical documentation (for comparison purposes) with objective functional improvement, detail pain assessments and risk assessments, Norco 7.5/325mg #20 is not medically necessary.

Physical therapy 2 times per week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post C5-C6 fusion with residual radiculitis; status post C6-C7 fusion; bilateral medial and lateral epicondylitis with left cubital tunnel syndrome; bilateral forearm/wrist flexor/extensor tendinitis bilateral carpal tunnel release surgeries; right shoulder impingement/strain; status post L4-S1 fusion; psychiatric and sleep complaints deferred. The medical record contains 33 pages and one progress note. The progress note was dated March 13, 2015. The treatment plan section/physical therapy section indicates the treating provider is seeking to demonstrate the exercises to engage/resume in a home exercise program. The treating provider requested eight sessions of physical therapy two times per week times four weeks to demonstrate home exercises for a home exercise program. 1 to 2 sessions of physical therapy are sufficient to demonstrate the exercises to engage in a home exercise program. There are no prior physical therapy notes or evidence of objective functional improvement from prior physical therapy documented in the medical record. Consequently, absent compelling clinical documentation with compelling clinical facts to support additional physical therapy, physical therapy two times per week times four weeks to the right shoulder is not medically necessary.

