

Case Number:	CM15-0074891		
Date Assigned:	04/24/2015	Date of Injury:	04/05/2014
Decision Date:	05/22/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male with an industrial injury dated April 5, 2014. The injured worker's diagnoses include thoracic spine sprain/strain, lumbar spine sprain/strain, cervical spine sprain/strain with right upper extremity radiculopathy, right shoulder impingement with tendinitis/bursitis, right elbow lateral medial epicondyle, and right wrist sprain. Treatment consisted of Magnetic Resonance Imaging (MRI) of right hand/right shoulder/lumbar spine, prescribed medications, 5 epidural steroid injection (ESI) to lumbar spine, 3 injections to right shoulder, physical therapy, acupuncture and periodic follow up visits. In a progress note dated 12/30/2014, the injured worker reported pain in the cervical spine, thoracic/lumbar and right shoulder. The injured worker described pain as moderate, frequent, dull, and sharp with numbness, weakness and ache. The injured worker rated pain level 7/10. Lumbar spine revealed tenderness to palpitation and spasm. Positive straight leg raises and decrease sensation at right L5 and left S1 were also noted on examination. Right shoulder revealed positive impingement and positive crepitus. The treating physician noted that the Electromyography (EMG)/Nerve conduction velocity (NCV) dated 11/20/2014 was within normal limits. The treating physician prescribed Norco 10/325 mg and Fexmid 7.5 mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured over a year ago, with multi area strains. Electrodiagnostics were noted to be normal. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids;** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Fexmid 7.5 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: This claimant was injured over a year ago, with multi area strains. Electrodiagnostics were noted to be normal. No acute spasm is noted. The MTUS recommends cyclobenzaprine (Fexmid) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.