

Case Number:	CM13-0001735		
Date Assigned:	03/03/2014	Date of Injury:	06/29/2002
Decision Date:	04/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 59 year-old female with a date of injury of 6/29/02. The listed diagnoses are degenerative disc disease of the lumbar spine, myalgia and myositis, including fibromyalgia, and bursitis of the hip. According to a report dated 6/26/13, the patient presents with constant throbbing, burning pain in the lower back, across the belt line to the left, and down the entirety of the left leg and into the left groin. She reports numbness and tingling down the entire left leg. The patient rates her current pain at 7/10, current mood at 6-10/10 (due to pain level), and ability to function at 8/10. Pain is made worse with sitting or standing for prolonged period and better with cold packs, medication, rest, and repositioning. Percocet in specific provides increased pain relief and function. A CURES report reveals no provider overlap.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10MG #105: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with constant throbbing, burning pain in the lower back, across the belt line to the left and down the entirety of the left leg and into the left groin. The treating physician is requesting a refill of Percocet. For chronic opiate use, the MTUS guidelines require functioning documentation using a numerical scale or validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. A review of reports shows that this patient has been on this medication since 1/25/13. Reports dated 1/25/13 to 6/26/13 document that Percocet has given her increased pain relief and function. The treating physician states that the patient is alternating between Percocet and Nucynta which provided even better pain relief throughout the day. The patient states that pain is better with medication, rest and repositioning. Furthermore, the treating physician in each progress report documents pain level using a numerical scale. Also noted are current mood levels and levels of the patient's ability to function. Given the patient's chronic pain and the efficacy of Percocet, the recommendation is for approval. The request is certified.

FLEXERIL 10MG #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with constant throbbing, burning pain in the lower back, across the belt line to the left and down the entirety of the left leg and into the left groin. The treating physician is requesting Flexeril. The MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence. In this case, medical records indicate that patient has been prescribed Flexeril since 6/4/13. Muscle relaxants are recommended for short-term use only. The request is noncertified.

KETOPROFEN CREAM FOR LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: This patient presents with constant throbbing, burning pain in the lower back, across the belt line to the left and down the entirety of the left leg and into the left groin. The treating physician is requesting Ketoprofen cream to be applied to the affected area. Medical records indicated that Ketoprofen cream has been prescribed since 1/25/13. The MTUS

guidelines support the use of topical NSAIDs for peripheral joint arthritis or tendinitis. However, non FDA-approved agents like Ketoprofen are not recommended for topical use. The MTUS further states that this agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Furthermore, this patient is being treated for chronic back pain and does not appear to have arthritis or tendinitis. The request is noncertified.