

Case Number:	CM13-0015313		
Date Assigned:	09/27/2013	Date of Injury:	11/20/2006
Decision Date:	02/11/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The patient is a 59 year old female with a DOI of 11/20/2006. The patient has had a total knee arthroplasty in 2012, disc herniation at L4-5, facet arthropathy at L4-5, L5-S1, uses a cane, and has right tarsal tunnel syndrome, GERD, obesity, and chronic tobacco use. The patient has low back pain rated 6-7/10, with radiation from right hip to the calf. She has right knee pain of 8/10 and ankle/foot pain in the right ankle of 7/10. The patient has been taking flexeril for some time. There are notes of 80% pain relief with flexeril and Percocet, but no notes beyond that information. The patient is on a diet, cardio exercise and HEP. Smoking cessation was discussed with the patient. There is no muscle spasm noted in the physical exams, on records dated 6/5/13. UDS on 6/11/13 is consistent with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 1 tab p.o. q6h p.r.n: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-85.

Decision rationale: CA MTUS chronic pain guidelines page 85 recommend that for continued opioid use there should be documentation of increased function as well as decrease in pain. There is no such documentation as of this request. Guidelines for chronic pain note that a satisfactory response to treatment may be indicated by the individual's decreased pain, increased level of function, or improved quality of life. The medical records provided for review contain documentation that the employee suffers from chronic pain. The medical reports indicate the patient still has pain and there is no indication of improved function. The reporting does not give the needed information requested by MTUS for continued opioid use. This patient has been on opiate medications for an extended period time and there is no documentation of increased function as required by chronic pain guidelines, therefore this medication is not medically necessary

. Flexeril 10mg #90 t.i.d: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril, Page(s): 41.

Decision rationale: CA MTUS Chronic pain guidelines page 41 state the Flexeril should only be used for a short course of therapy. They state that the medication is most effective in the first four days of treatment. The patient has been taking his medication for an extended period of time, greater than the two to three weeks recommended. In addition, there is no documentation of functional benefit for this medication and there is no documentation of spasm on physical exam. Therefore as guidelines do not recommend long-term therapy with this medication, it is not medically necessary.