

Case Number:	CM13-0051509		
Date Assigned:	12/27/2013	Date of Injury:	10/07/2001
Decision Date:	03/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 72-year-old injured worker who reported an injury on 10/07/2001. The mechanism of injury was not submitted. The patient was diagnosed with neck pain with radiating symptoms. The patient continued to complain of pain to the neck. The patient reported the pain medication does help them function. The patient denied any side effects. The patient denied any new symptoms, new weakness, numbness or change in bowel or bladder. The physical examination revealed tenderness to palpation and some restrictions primary in flexion secondary to pain. The patient was reported to be doing well in their current pain medication regimen. The treatment plan included refills on all medications, continuation of home exercise program and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120, 1 tablet every 4-6 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states there should be ongoing review and documentation of pain relief, functional status, appropriate medical use, and side effects with chronic pain patients on opioids. The pain assessment should include: current pains; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the medical records provided for review the patient continued to complain of pain to the neck. However, no pain assessment was submitted for review and objective functional improvement was not provided to support efficacy of the medication. The request for Percocet 10/325mg #120, 1 tablet every 4-6 hours as needed for pain is not medically necessary and appropriate.

MS Contin 30mg #60, one tablet twice per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states there should be ongoing review and documentation of pain relief, functional status, appropriate medical use, and side effects with chronic pain patients on opioids. The pain assessment should include: current pains; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the medical records provided for review the patient continued to complain of pain to the neck. However, no pain assessment was submitted for review and objective functional improvement was not provided to support efficacy of the medication. The request for MS Contin 30mg #60, one tablet twice per day is not medically necessary and appropriate.

Flexeril 10mg, #90, one tab as needed three times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Guidelines also state Flexeril is recommended for short term course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Based on the medical records provided for review the patient continues to complain of pain to the neck. However, clinical documentation does not indicate

how long the patient has been taking Flexeril as the guidelines recommend a short-term course of this medication. The request for Flexeril 10mg, #90, one tab as needed three times per day is not medically necessary and appropriate.