

<b>Case Number:</b>	CM13-0053811		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid agents; muscle relaxants; lumbar fusion surgery in 2012; and transfer of care to and from various providers in various specialties. An October 11, 2012 progress note is notable for comments that the applicant is using Percocet for pain relief and is off of work, on total temporary disability, as of that point in time. In a May 21, 2012 progress note, it is stated that the applicant is having ongoing issues with psychological stress. The applicant was off of work, on total temporary disability from a psychiatric standpoint and was asked to continue Cymbalta and Klonopin. A medical-legal evaluation of December 30, 2013 and a primary treating physician (PTP) progress note of October 7, 2013 are notable for comments that the applicant is having stress, anxiety, and depression, all of which the applicant relates to his chronic pain issues. The applicant was not working, it was noted. An October 7, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. The applicant is asked to continue aquatic therapy. The applicant was still having persistent severe low back pain, it was further stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** Percocet is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, none of the aforementioned criteria have been met. The applicant is off of work, on total temporary disability. The applicant is not working. The applicant's pain complaints are heightened. The applicant continues to report severe pain, despite ongoing Percocet usage. There is no evidence of improved function achieved as a result of ongoing Percocet usage, either. Therefore, the request is not certified, on Independent Medical Review.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Addition of cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified.