

Case Number:	CM13-0068220		
Date Assigned:	01/03/2014	Date of Injury:	10/12/2000
Decision Date:	04/21/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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 patient is a 40-year-old female who reported an injury on 10/12/2000. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbar degenerative disc disease, neck sprain/strain, thoracic outlet syndrome and reflex sympathetic dystrophy. The patient's symptoms included bilateral neck and lumbar spasms. The patient's current pain rating was a 7/10. Physical examination revealed a cervical range of motion of 45 degrees in forward flexion, 45 degrees in right lateral flexion, 45 degrees in left lateral flexion, 60 degrees in hyperextension, 55 degrees in right lateral rotation and 55 degrees in left lateral rotation. Examination of the lumbar/sacral was noted to reveal a forward flexion of 60 degrees, hyperextension of 25 degrees, right lateral bend of 25 degrees and left lateral bend of 25 degrees. Strength of the upper and lower extremities was noted to be normal. Previous manual therapy was noted to be effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, Flexeril is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy appears to diminish over time, and prolonged use of some muscle relaxants may lead to dependence. The documentation submitted for review noted that the patient had bilateral cervical and bilateral lumbar spasms. However, as the guidelines state that Flexeril is recommended for short-term use, the documentation received indicates that the patient has been taking Flexeril longer than 3 week recommendation; therefore, the request is not supported. Given the above, the request for Flexeril is non-certified.

Flector Patches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac, topical (Flector®[®], Pennsaid®[®], Voltaren®[®] Gel)

Decision rationale: According to the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment, but are recommended as an option for patients at risk of adverse effects from oral NSAIDs. The documentation submitted for review fails to indicate that the patient has tried and failed oral NSAIDs or that the patient is at risk of adverse effects from oral NSAIDs. Given the above, the request for Flector patches is non-certified.

Oxycontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The most recent clinical note indicated that the patient stated that Oxycontin allowed function and the patient was able to complete activities of daily living. However, the documentation failed to provide evidence of reported adverse effects or aberrant drug-taking behaviors. In the absence of detailed documentation, as required by the guidelines, for the ongoing use of opioid medications, the request for Oxycontin is non-certified.