

Case Number:	CM14-0008495		
Date Assigned:	02/19/2014	Date of Injury:	03/17/2010
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 43-year-old male who has submitted a claim for cervical radiculopathy and unspecified backache associated with an industrial injury date of March 17, 2010. Medical records from 2013 were reviewed, the latest of which dated December 4, 2013 revealed that the patient complains of neck pain with radiation down to the right arm. The quality of sleep is poor. The patient is taking medications as prescribed with no side effects noted. On physical examination, the patient had a right sided push off antalgic gait. There is limitation in range of motion of the cervical spine with flexion to approximately 35 degrees, extension to approximately 20 degrees, right and left lateral bending to approximately 25 degrees, pain limited in all planes. There is noted hypertonicity, spasm and tenderness of the cervical, thoracic and lumbar paravertebral muscles on both sides. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. There is limitation in range of motion of the lumbar spine with extension to approximately 10 degrees, pain limited. There is positive lumbar facet loading on both sides, positive straight leg raising on the right side, and positive FABER test. Patellar jerk was on both sides. There are trigger points with radiating pain and twitch response on palpation over the bilateral trapezius muscles. There is positive Tinel's sign on the right wrist. There is decreased muscular strength of right grip 4/5, right finger extensors 4/5, right elbow flexor 4/5, right supination 5-/5, right pronation 5-/5, right shoulder abduction 5-/5, right extensor hallucis longus 4/5, right ankle dorsiflexor 4/5, right ankle plantarflexor 4/5, right knee extensor 3/5, right and left knee flexor 3/5. There is decreased light touch sensation over the middle and ring finger on the right side, patchy in distribution. Treatment to date has included right sided L3, L4, L5 and sacral ala dorsomedial branch blocks (8/31/10), cervical epidural steroid injection C7-T1 (2/1/11, 1/17/12), acupuncture, trigger point home exercise program, and medications which include Flector patch, Nucynta, Lyrica, Flexeril, Pristiq, Cymbalta and Percocet. Utilization review from December 17, 2013 modified the request for Percocet 10-325 tablet, take 1 four times a day as needed #120 refill:1 to Percocet 10-325 tablet, take 1 four times a day as needed #120 no refill

because documentation provided does not justify the continued use of short acting opioids in the absence of clinically meaningful improvement and to establish weaning regimen; and denied the request for Flexeril 10MG, tablet take 1 daily as needed #15 refill: 1 because there is no exceptional factor noted in the documents submitted to consider this request as an outlier to the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325 TABLET, TAKE 1 FOUR TIMES A DAY AS NEEDED #120 REFILL:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the injured worker has been using Percocet since October 2013 for pain control. The most recent clinical evaluation revealed pain control from 9/10 to 5/10 with Percocet; however, there are noted symptoms of nausea and occasional vomiting. There is no documentation of functional improvement with Percocet use. Also, there is no discussion regarding possible aberrant behavior with opioid use. The medical necessity of Percocet was not established. Therefore, the request for Percocet 10- 325 Tablet, Take 1 Four Times a Day as Needed #120 Refill: 1 is not medically necessary.

FLEXERIL 10MG, TABLET TAKE 1 DAILY AS NEEDED #15 REFILL: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: As stated on pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, as stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its

effect greatest in the first 4 days of treatment. In this case, the injured worker has been using Flexeril since June 2013 for muscle spasm. The most recent clinical evaluation revealed greater 50% reduction in pain from muscle spasms and 4-5 hours of continuous sleep with Flexeril use. However, the records do not indicate that the use of NSAIDs is contraindicated for the injured worker. Also, continued use of Flexeril will exceed guideline recommendations. Therefore, the Flexeril 10mg, Tablet Take 1 Daily As Needed #15 Refill: 1 is not medically necessary.