MAXIMUS Federal Services

Case Number:	CM14-0101694		
Date Assigned:	07/30/2014	Date of Injury:	10/19/2011
Decision Date:	10/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male who was injured at work on 10/19/2011. The injured worker complains of 8/10 pain without medications, but 3/10 pain in the lower back. The pain is burning, sharp and constant. The pain is associated with numbness, tingling sensations and weakness. The physical examination revealed decreased range of motion of the cervical and lumbar spines, decreased sensations in the left L5, S1 dermatomes. The injured worker has been diagnosed of lumbar disc degeneration, lumbar radiculopathy, joint pain and lumbar facet syndrome. CT scan done on 12/12/2013 revealed degenerative disc disease at L5-S1, and grade 1 spondylolisthesis. Treatments have included physical therapy, Motrin, Soma, Norco, Percocet and Flexeril. At dispute is the request for Flexeril 5mg #60 and Percocet 5/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: 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 (Flexeril); Muscle relaxants (for pain) Page(s): 41-42; 76-80.

Decision rationale: The injured worker sustained a work related injury on 10/19/2011. The medical records provided indicate the diagnosis of lumbar disc degeneration, lumbar radiculopathy, joint pain and lumbar facet syndrome. Treatments have included physical therapy, Motrin, Soma, Norco, but currently Motrin, Percocet, and Flexeril. The medical records provided for review do not indicate a medical necessity for Flexeril 5mg #60. The MTUS recommends against using Cyclobenzaprine (Flexeril) for more than two weeks due to the adverse effects and diminishing efficacy. Therefore, this request is not medically necessary.

Percocet 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

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

Decision rationale: The medical records provided for review do indicate a medical necessity for Percocet 5/325mg #120. The documents reviewed indicate the opioids use is consistent with the MTUS recommendation regarding on-going opioids use. There is opioid agreement of file prescription from single source, drug monitoring, no adverse effects, documentation of improvement in pain and functioning, the lowest possible dose is being used. Therefore, this request is medically necessary.