

Case Number:	CM14-0126581		
Date Assigned:	09/05/2014	Date of Injury:	03/15/2012
Decision Date:	12/04/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 54-year-old male who reported an injury on 03/15/2002 due to an unspecified mechanism of injury. The injured worker complained of neck and right shoulder pain. The injured worker had a diagnoses of cervical sprain/strain, and continued neck and upper extremity radiculopathy. The past surgical procedure included postsurgical fusion at the C6-7 with anterior plate and screws and bone graft. Medications included oxycodone, Percocet, and Flexeril. Objective findings dated 07/23/2014 revealed myospasms to the lateral superior trapezius of the left shoulder and cervical spine with intervertebral spasms with decreased guarded painful range of motion at 25%. The treatment plan included a TENS unit, Botox injections, refilled medication, and acupuncture. The request for authorization dated 09/05/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flexeril 10mg, qty 60 is not medically necessary. The California MTUS Guidelines recommends Flexeril as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The clinical notes indicate that the injured worker had been utilizing Flexeril from the clinical notes dated 06/24/2014. Additionally, the request is for 60 tablets. As such, the request is not medically necessary.

Neurontin 100mg, qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Neurontin 100mg, qty 90 is not medically necessary. The California MTUS guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no mention of muscle weakness or numbness, which would be indicate neuropathy. It was not evident that the injured worker had diagnoses which would be congruent with the guideline recommendations. As such, the request is not medically necessary.

Oxycontin 20mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The clinical notes were not evident of documentation addressing any aberrant drug taking behavior or adverse side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and

complete assessment of the injured worker's pain. The request did not address the frequency. As such, the request is not medically necessary.