

<b>Case Number:</b>	CM14-0158093		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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:

This is a 41-year-old female with a 10/1/09 date of injury. The mechanism of injury occurred when someone hit her with her buttocks and knocked her over some boxes. According to a handwritten progress report dated 7/1/14, the patient complained of right shoulder pain, lumbar spine pain, and right knee pain associated with "burning" and "throbbing". She rated her pain as a 5/10. Objective findings: tenderness to right knee, medial, lateral, joint line with burning. Diagnostic impression: right knee pain mechanical symptoms, right shoulder sprain/strain, lumbar sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/20/14 modified the requests for Percocet and Flexeril to approve 1 fill for weaning purposes. Regarding Percocet, there was no detailed report available indicating the need for use of opiate pain medications? Regarding Flexeril, there was no detailed report available indicating the need for use of anti-spasmodic medications, prolonged use is not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen Page(s): 93.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Percocet 10/325mg #90 is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants Page(s): 41 and 42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, it is unclear how long this patient has been taking Flexeril. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, there is no documentation of subjective complaints or objective findings of spasms in this patient. Therefore, the request for Flexeril 10mg #60 is not medically necessary.