

Case Number:	CM14-0169334		
Date Assigned:	10/17/2014	Date of Injury:	11/08/2010
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

51y/o male injured worker with date of injury 11/8/10 with related mid back, low back, shoulder, arm, and leg pain. Per progress report dated 9/11/14, the injured worker complained of having a sensation that something was "popping" in the left side of his lumbar spine. Associated with the popping was a sensation of numbness and tingling down his left leg. He rated his neck pain as 5/10, low back pain 6/10, arm pain 5/10, and left leg and hip pain 6/10. He states that without his pain regimen including oxycodone and flexeril, his pain levels are at 10/10. His pain level is brought down to approximately 6/10. Per physical exam, tenderness to palpation in the left side throughout the thoracolumbar peri-incisional region was noted. He had point tenderness over the left lumbosacral paraspinal region. He was status post right shoulder Mumford procedure. Physical exam findings were not documented. Treatment to date has included physical therapy, surgery, and medication management. The date of UR decision was 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The documentation submitted for review indicates that the use of this medication decreases the injured worker's pain from 10/10 to 6/10. It allows him increased functionality in the form of being up and ambulating during the days. UDS dated 3/31/14 was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the documentation submitted for review did not contain current UDS. Per ODG guidelines, UDS is recommended annually for low risk patients. The request is medically necessary.

Flexeril 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects."The documentation submitted for review indicates that the injured worker has been using flexeril long term, as the guidelines do not recommend this, the request is not medically necessary.

Idrasil 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Idrasil Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: Per the MTUS guidelines with regard to cannabinoids: "Not recommended. In total, 11 states have approved the use of medical marijuana for the treatment of chronic pain, but there are no quality controlled clinical data with cannabinoids. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects."As the requested medication is not recommended, the request is not medically necessary.