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| Case Number: | CM14-0175078 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 10/23/2003 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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, has a subspecialty in 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:

The patient with the date of injury of October 23, 2003. A utilization review determination dated September 22, 2014 recommends noncertification for Percocet and cyclobenzaprine. A consultation dated August 22, 2014 identifies subjective complaints of low back pain. The patient has constant, moderate to severe low back pain radiating into the left lower extremity. Physical examination findings reveal restricted range of motion in the lumbar spine with tenderness to palpation, decreased sensation in the left L3-L4 distribution, and weakness in the lower extremities. Diagnoses include lumbar radiculopathy. The treatment plan recommends surgical intervention. A progress report dated September 12, 2014 identifies subjective complaints of low back pain. The patient states that "taking pain medication the pain level is 10/10. Patient states that taking pain medication the pain level goes down to 5/10." The patient is currently taking cyclobenzaprine, duexis, and Norco with 50% relief. The cyclobenzaprine has been helping her rest at night. The patient denies any side effects. A urine drug screen was collected. The treatment plan recommends starting Percocet and continuing cyclobenzaprine 10 mg Q HS #30 for spasm. A progress report dated June 20, 2014 recommends Norco and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg three times a day by mouth (PO) (TID) PRN for breakthrough pain:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/APAP), California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient's previous PRN medication was changed to Percocet in hopes of improving the patient's pain control and function. The requesting physician has indicated that he has requested a urine drug screen, and queries the patient about analgesic response and functional benefit as a result of the prescribed pain medication. As such, transitioning to Percocet is a reasonable treatment option. Unfortunately, there is no quantity or duration described with the current request for Percocet. This would essentially be an open-ended request for Percocet to be used indefinitely. Guidelines do not support the indefinite use of any opiate pain medication without documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request. As such, the currently requested Percocet is not medically necessary.

Cyclobenzaprine 10mg PO at bedtime (qhs) #30 for spasms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.