

Case Number:	CM14-0021586		
Date Assigned:	06/11/2014	Date of Injury:	10/16/2012
Decision Date:	07/14/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 female injured on 10/16/12 when she became entangled in flooring and mats resulting in a trip and fall. The injured worker experienced pain in her back, buttocks, and lower extremities. Current diagnoses included cervical and lumbar myofascial pain, cervical and lumbar intervertebral disc disease, and right cervical radiculitis. Treatment to date included TENS unit, epidural steroid injections, physical therapy, and medication management. Clinical note dated 01/10/14 indicated the injured worker presented with complaints of ongoing neck, right shoulder, upper extremities, and low back pain, in addition to left thumb numbness. The injured worker reported occasional flaring of pain that was severe enough that she was unable to get out of bed. Objective findings included hypertonicity of the cervical and lumbar musculature with myospasms in the cervical thoracic junction extending into bilateral shoulder girdles. Additionally, cervical and lumbar range of motion is restricted in all planes, right shoulder is painful primarily at the glenohumeral joint with decreased range of motion in all planes, right shoulder internal derangement noted, and left thumb paresthesias. Treatment plan included continuation of medications including Percocet 5-325mg, Flexeril 10mg, and request for lumbar MRI. The initial request for Percocet 5-325mg #40 and Flexeril 10mg #30 was initially not recommended on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5/325MG #40: 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 Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Percocet 5/325mg #40 cannot be established at this time.

FLEXERIL 10MG #30: 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 Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10mg #30 cannot be established at this time.