

Case Number:	CM14-0035256		
Date Assigned:	06/23/2014	Date of Injury:	02/17/2009
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation and is licensed to practice in Nevada License. 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 53-year-old female injured on February 17, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of left knee pain with laxity. There was stated to be benefit of current pain medications which include OxyContin, Percocet, Baclofen, Lunesta, Cymbalta, and Ibuprofen. There was also the use of a spinal cord stimulator which helps the injured employee's left leg pain. Pain was stated to be 10/10 at its worst and 6/10 at its best. No focused physical examination was performed. Existing medications were refilled and continuation and a home exercise program was recommended. A request had been made for Cymbalta, Flexeril, and Ibuprofen and was not certified in the pre-authorization process on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the attached medical record the injured employee is taking two opioid medications; Percocet and OxyContin. It is unclear why the injured employee is taking both. Additionally, there is no documentation of specific pain relief pertaining to either medication, as well as documentation pertaining to increased ability to work, increased function, or ability to perform activities of daily living. Without this information, the request for Percocet is not medically necessary.

Oxycontin 30mg #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 8 C.C.R. 9792.20 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the attached medical record the injured employee is taking two opioid medications; Percocet and OxyContin. It is unclear why the injured employee is taking both. Additionally, there is no documentation of specific pain relief pertaining to either medication, as well as documentation pertaining to increased ability to work, increased function, or ability to perform activities of daily living. Without this information, the request for Oxycontin is not medically necessary.

Flexeril 5mg #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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Flexeril is a muscle relaxant indicated as a second line option for short-term usage for occasional use for flares and spasms of chronic low back pain. There is no mention in the attached medical record that the injured employees having spasms or acute flares of chronic pain. Additionally, prescription of 90 tablets does not indicate occasional short-term usage. For these reasons this request for Flexeril is not medically necessary.

Cymbalta 60mg #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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 13 OF 127.

Decision rationale: Cymbalta is an antidepressant recommended as a first line treatment for neuropathic pain. The injured employee is using a spinal cord stimulator which was stated to

provide relief of the radicular symptoms in the left lower extremity. Considering this it is unclear why Cymbalta is still needed for neuropathic pain. This request for Cymbalta is not medically necessary.