

Case Number:	CM14-0049810		
Date Assigned:	07/07/2014	Date of Injury:	04/18/2013
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family 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:

Female injured worker is 45 years-old and sustained a work injury on 07/18/2007 involving the neck and back. She was diagnosed with cervicalgia, thoracalgia and lumbalgia. A progress note on 12/12/2013 indicated she had pain and it was 4/10 with Toradol injections and she had received 2 weeks of pain relief. She had been intermittently using oral opioids (Oxycodone), NSAIDs (Advil) and muscle relaxants (Robaxin) for over a year. Her pain is 8/10 without medications and 4/10 with medications. Her exam findings at the time were notable for diminished sensation in the right arm and right gluteal region. There was tenderness in the paraspinal region of the cervical and lumbar spine. Range of motion of the neck and back were painful. The injured worker was continued on Percocet 10mg three times a day and Ibuprofen 600mg three times a day along with topical lidocaine gel. A progress note from 03/5/2014 indicated the injured worker had worsening pain. She felt that Flexeril reduced her spasms. Percocet was causing constipation. The pain level was 4/10 with medications. Exam findings were unchanged. The treating physician prescribed Percocet, Ibuprofen and Flexeril for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 400mg #90 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Ibuprofen (Motrin) are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. They are recommended as an option for short-term symptomatic relief of chronic back pain. The injured has been on NSAIDs along with opioids and muscle relaxants for over a year. There has been no improvement in pain or function overall for several months. Motrin is intended for short-term use. The continued use of Motrin is not medically necessary.

Flexeril 10mg #90 with three refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly with sleep. Treatment should be brief. The claimant had been on muscle relaxants for over a year. The addition of cyclobenzaprine to other agents is not recommended. Continued use of Flexeril is not medically necessary.

Percocet 10/325 mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the injured worker has been on Percocet for a year without significant improvement in function. The continued use of Percocet is not medically necessary.