

Case Number:	CM14-0073627		
Date Assigned:	09/12/2014	Date of Injury:	01/18/2006
Decision Date:	10/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on January 18, 2006. The most recent progress note, dated August 20, 2014, indicates that there are ongoing complaints of neck and back pain. Pain is rated at a 7-8/10. Current medications including oxycodone, cyclobenzaprine, and Pantoprazole are stated to reduce the injured employee's pain by 50 to 60% and allow her increased participation in activities throughout the day. No adverse reactions were noted. The physical examination demonstrated trigger points along the upper and lower back. There was tenderness at the biceps tendon and decreased range of motion of the shoulder although it is not stated which one. There was decreased range of motion of the cervical spine, lumbar spine, and left shoulder. Decreased sensation was noted in the first, second, and fourth digits of the left-hand and first and second digits of the right hand. There was also reported to be decreased sensation at the lateral aspect of both legs. There was a positive Spurling's test, Hawkin's test, apprehension test, speed's test, slump test, and SI joint compression test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for Flexeril and oxycodone and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127..

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated August 20, 2014, although there was decreased pain and increased ability to function with current medications, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons Flexeril is not medically necessary.

Oxycodone HCL 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. According to the progress note dated August 20, 2014, there is reported to be decreased pain and increased ability to function without any side effects from the usage of oxycodone. As such, Oxycodone 30 mg is medically necessary.