

Case Number:	CM14-0078899		
Date Assigned:	07/21/2014	Date of Injury:	07/23/2012
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 injured worker is 30-year-old male with a date of injury of 07/23/2012 secondary to falling out of a truck. Office note 6/25/14: He complains of low back pain and left hip pain as well urinary frequency/urgency with stress incontinence. He has had physical therapy (PT) several times in the past with improvement and recently 8 PT visits. Current pain level is 3-4/10. His past medical history include sacral spinal cord injury. On exam, he exhibits decreased range of motion (ROM) of the left hip, and decreased strength. There is tenderness in the lumbar area with decreased ROM. Diagnoses: chronic low back pain, left hip contusion (with questionable diagnosis of femoral acetabular impingement). neurogenic bladder and depression. MRI of lumbar spine dated 8/31/2012 was normal. Medications were oxycodone-acetaminophen, Ibuprofen. He has no known drug allergies. Request for 1 prescription of oxycodone-acetaminophen 10-325 mg has been modified to 1 prescription of oxycodone-acetaminophen 10-325mg #60. Request for 1 prescription of cyclobenzaprine 10mg was denied. Request for 1 prescription of duloxetine 60mg has been modified to a certification of 1 prescription of duloxetine 60mg up to #45 between 4/18/2014 and 6/242014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycodone-Acetaminophen 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records do not address pain and/or functional assessment related the medication on ongoing basis, in order to consider the continuation of Percocet administration. The injured worker continues to have pain despite taking Percocet. Chronic use of opioids is not recommended unless there is clear evidence of improvement in pain / function or return to work. Also, the records do not show urinary toxicology screen in order to monitor the patient compliance. Therefore, the request for Percocet 10/325mg is not medically necessary.

(1) prescription of Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Flexeril Page(s): 64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine Flexeril is recommended as an option, using a short course; limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. There is no clear evidence of spasm in this patient. The medical records do not demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity of the request for Flexeril is not established based on guidelines and available medical records. Therefore the request is not medically necessary.

(1) prescription of Duloxetine 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15, 43.

Decision rationale: Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, and generalized anxiety disorder. The records indicate that the patient has depression which got worse after Cymbalta was discontinued for a short period of time. As such, since the efficacy of this medication is proven in this injured worker with depression; Duloxetine 60mg is considered medically necessary.