

Case Number:	CM14-0182118		
Date Assigned:	11/06/2014	Date of Injury:	05/25/2012
Decision Date:	02/10/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehab, 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 a 57 year-old female with an original date of injury on 5/25/2012. The mechanism of injury was not provided. The industrially related diagnoses are right sacroiliac joint pain, L4-L5 decompression, lumbar post-laminectomy syndrome, lumbar facet joint arthropathy, chronic lower back pain, and status post lumbar decompression L4-S1. The patient has had urine drug screen tests completed on 4/28/2014 which showed medication compliance with Norco. The patient has been treated with physical therapy, Norco, naproxen, and surgery. The patient received a lumbar diagnostic facet joint medial branch block six levels under fluoroscopic guidance on 4/17/2014 with 80% improvement of the bilateral back pain and improved lumbar range of motion. The patient underwent L4-S1 decompression on 9/23/2013. On 9/24/2014, Norco was switched to Percocet twice daily with 30 days supply. The disputed issues are the retrospective request for oxycodone 10/325mg quantity of 60 tablets, and cyclobenzaprine 10mg quantity of 90 tablets. A utilization review dated 10/27/2014 has non-certified these requests. With regards to the request for oxycodone, the utilization review states medication provide 80% decrease in pain that is contradicted by 4/10 pain level on exam. Without clear documentation of improvement of pain, ongoing use of this medication is not warranted. With regards to the request for cyclobenzaprine, the guidelines recommend short-term usage of muscle relaxants of 2 -3 weeks. The patient has been using cyclobenzaprine for over 4 weeks, therefore, continuation is not medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycodone 10/325 mg # 60, dispensed on 10/16/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: According to a progress note on 10/15/2014, the patient has had 80% pain improvement of activities of daily living and 80% decrease in pain with the use of Oxycodone. The patient's ODI score was 28 (56% disability) with the use of oxycodone, and 39 (78% disability) without medication. In addition, it is noted the patient has an updated pain contract along with consistent urine drug screen tests. The medication has no adverse side effects in this patient and the patient shows no aberrant behavior with this medication without signs of misuse or abuse. In light of the above documentation, the currently requested Percocet (oxycodone/acetaminophen) is medically necessary.

Retrospective request for Cyclobenzaprine 10 mg # 90, dispensed on 10/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. According to a progress note on 10/15/2014, the patient has had 80% pain improvement of activities of daily living and 80% decrease in pain with the use of cyclobenzaprine. The patient's ODI score was 28 (56% disability) with the use of cyclobenzaprine, and 39 (78% disability) without medication. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Therefore, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.