

Case Number:	CM14-0187916		
Date Assigned:	11/18/2014	Date of Injury:	06/29/2010
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 54 year old female who sustained an industrial injury on 06/29/2010. The progress note from 11/20/14 was reviewed. She had bilateral lower neck pain, radiating into the bilateral shoulder and scapula. Her current medications included Dexamethasone, Trazodone, HCTZ, Percocet, Soma, and Lidoderm patch, Megace, Ativan and Zoloft. Cervical range of motion was restricted in all directions. There was tenderness to palpation of the bilateral cervical paraspinal muscles overlying the bilateral C4 to T1 facet joints, left worse than right. Nerve root tensions were negative bilaterally. Muscle strength was 5/5 in bilateral upper extremities. Impressions were cervical facet joint arthropathy, right paracentral disc protrusion at C6-C7, central disc bulge at C5-C6, cervical degenerative disc disease, cervical sprain/strain, anxiety, depression and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Oxycodone 10/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The employee was a 54 year old female who sustained an industrial injury on 06/29/2010. The progress note from 11/20/14 was reviewed. She had bilateral lower neck pain, radiating into the bilateral shoulder and scapula. Her current medications included Dexamethasone, Trazodone, HCTZ, Percocet, Soma, and Lidoderm patch, Megace, Ativan and Zoloft. Cervical range of motion was restricted in all directions. There was tenderness to palpation of the bilateral cervical paraspinal muscles overlying the bilateral C4 to T1 facet joints, left worse than right. Nerve root tensions were negative bilaterally. Muscle strength was 5/5 in bilateral upper extremities. Impressions were cervical facet joint arthropathy, right paracentral disc protrusion at C6-C7, central disc bulge at C5-C6, cervical degenerative disc disease, cervical sprain/strain, anxiety, depression and hypertension. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for neck pain and cervical degenerative disc disease. The provider documented that Percocet provided 50% improvement of her pain with 50% improvement of her activities of daily living such as self-care, dressing. She reportedly had an up-to-date pain contract and her previous UDS were consistent with no aberrant behaviors. Her disability index score was a 16 with the use of Oxycodone and was 26 without use of the oxycodone. Given the objective functional improvement, pain improvement and safe use, the request for ongoing use of Oxycodone 10mg every 8 hours is medically necessary and appropriate.

60 Skelaxin 600 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone Page(s): 65.

Decision rationale: The employee was a 54 year old female who sustained an industrial injury on 06/29/2010. The progress note from 11/20/14 was reviewed. She had bilateral lower neck pain, radiating into the bilateral shoulder and scapula. Her current medications included Dexamethasone, Trazodone, HCTZ, Percocet, Soma, and Lidoderm patch, Megace, Ativan and Zoloft. Cervical range of motion was restricted in all directions. There was tenderness to palpation of the bilateral cervical paraspinal muscles overlying the bilateral C4 to T1 facet joints, left worse than right. Nerve root tensions were negative bilaterally. Muscle strength was 5/5 in bilateral upper extremities. Impressions were cervical facet joint arthropathy, right paracentral disc protrusion at C6-C7, central disc bulge at C5-C6, cervical degenerative disc disease, cervical sprain/strain, anxiety, depression and hypertension. According to MTUS, Chronic Pain Medical Treatment guidelines, Skelaxin, is a muscle relaxant that is recommended for short term treatment of muscle spasms. The employee was noted to have spasms. She had been started on Skelaxin on 09/30/14. The request for Skelaxin is medically necessary and appropriate given the documentation of improvement of pain and function with medication use.

