

Case Number:	CM14-0189952		
Date Assigned:	11/21/2014	Date of Injury:	09/12/2011
Decision Date:	01/08/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Family Medicine and is licensed to practice in New York. 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 37 year old man with a date of injury of 9/12/11. He was seen by his provider on 9/5/14 in follow up of chronic pain syndrome and lumbar post-laminectomy syndrome. He complained of left sided low back pain with radiation in the left L4-5-S1 distribution and left lower extremity weakness. He stopped going to the gym a month ago and is a graduate of a functional restoration program. His medications included Ibuprofen, Neurontin, Tramadol, Percocet and Lidoderm patch. His Percocet was said to decrease his pain by 50%. His physical exam showed diminished light touch and pin prick sensation in the L3-5 dermatomal distribution. He had 1+ deep tendon reflexes in the lower extremities and no myoclonus. Trigger points and muscle spasm were not present. He had a positive left straight leg raises and facet/SI joint and paraspinal muscle tenderness. He had an antalgic gait favoring the left. His diagnoses were chronic pain syndrome and lumbar post-laminectomy syndrome. At issue in this review are the requests for Cyclobenzaprine, Percocet and Prednisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and Gabapentin. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/14 fails to document a discussion of goals for efficacy, functional status or side effects to justify use. There is also no muscle spasm documented on physical exam. The medical necessity of Cyclobenzaprine is not substantiated in the records; therefore, the request is not medically necessary.

Prednisone 10mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-308.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) and Gabapentin. The MD visit of 9/14 fails to justify the use of a prednisone with regards to goals for efficacy, function or potential side effects. Additionally, the use of oral corticosteroids is not recommended for low back pain. The medical necessity of Prednisone is not substantiated in the records; therefore, the request is not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document

any significant improvement in pain, functional status or a discussion of side effects specifically related to Percocet to justify use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated in the records; therefore, the request is not medically necessary.