

<b>Case Number:</b>	CM14-0197454		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 a 59 year-old female with an original date of injury on August 13, 2004. The industrially related diagnoses are cervical post-laminectomy syndrome, muscle spasm, chronic pain syndrome, arthropathy of facet joint, cervical spondylosis without myelopathy, spinal stenosis of the cervical region, cervical radiculopathy, and headache. The injured worker has had an MRI of the cervical spine on 2/17/2012 with findings of cervical spondylosis with degenerative joint disease, degenerative disc disease, and facet arthropathy. The injured worker has received two percutaneous cervical radiofrequency procedures in 10/2014 and 11/2014 with some improvement of her pain. The disputed issues are requests for Percocet 10-325 mg quantity of 150 tablets and Flexeril 10 mg quantity of 90 tablets. The utilization review on November 12, 2014 has modified these requests to Percocet quantity of 120 tablets, and Flexeril quantity of 15 tablets for the purpose of weaning. The stated rationale for modification of Percocet was there is no documentation of objective functional improvement on this medication, no CURES reporting, no reduction in the medication prescribed following the recent improvement with cervical radiofrequency procedures. In addition, the injured worker was also taking Norco 10-325 mg; the utilization review indicated there is no rationale for why two short acting opioid medications were prescribed at the same time. Therefore, Percocet was modified to 120 tablets for the purpose of the initiation of weaning. With regards to Flexeril, the injured worker has been taking Flexeril for more than the recommended timeline, therefore, has been modified to 15 tablets for the purpose of weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325g #150:** Upheld

**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:** A progress note on November 5, 2014 indicated the injured worker's pain scale was 10/10 without medication, and 8/10 with medication. The injured worker has no significant functional gain from being on Percocet, Norco, Gabapentin, and Flexeril. The injured worker has been taking Percocet and Norco at the same time for pain control, and MS Contin was prescribed not long before on September 5, 2014. It is unclear why injured worker was given Norco and Percocet in addition to MS Contin, as there was no documentation of intolerance, side effects, or adverse reaction to previously prescribed MS Contin. Lastly, there is no documentation of recent urine drug screen test to monitor for aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Per guidelines, Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (Oxycodone/Acetaminophen) is not medically necessary.

**Flexeril 10mg #90:** Upheld

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

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

**Decision rationale:** The submitted record dating back to 8/2014 indicated the injured worker has been on this medication for at least 3 months, with no improvement of her pain scale or functional benefits. In fact, the pain is documented to be worse in 11/2014 compare to 8/2014. Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain and for a short course of therapy. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.