

Case Number:	CM14-0202491		
Date Assigned:	12/15/2014	Date of Injury:	04/25/2007
Decision Date:	03/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old male who reported an injury on 04/25/2007. The mechanism of injury was not provided. His diagnoses included low back pain with radiating symptoms. Past treatments included medications. On 10/16/2014, the injured worker complained of ongoing low back pain, nonradiating. He requested a refill of medications. The physical examination revealed ongoing tenderness to the lumbar paraspinal muscles, neurologically intact. Current medications were noted to include Percocet 5/325 mg once a day, Prilosec 20 mg quantity daily, Flexeril 10 mg taken as needed, and Relafen 750 mg taken daily. The treatment plan included a prescription for refill of medications, urine drug screen, and a followup visit. A request was received for Percocet 5/325 mg #60 with 2 refills quantity 2, Flexeril 10 mg quantity 60, and toxicology urine drug screen. The rationale for the request was not provided. The Request for Authorization form was dated 10/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60 with 2 refills Quantity 2: Upheld

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

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

Decision rationale: The request for Percocet 5/325 mg #60 with 2 refills is not medically necessary. The California MTUS Guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the injured worker has been taking Percocet since at least 04/23/2014. However, there was no documentation with evidence of pain relief, side effects, physical and psychosocial functioning, or aberrant drug related behaviors. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Percocet 5/325 mg #60 with 2 refills is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Page(s): 41.

Decision rationale: The request for Flexeril 10 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend the use of cyclobenzaprine for short courses of therapy, as the effect is greatest in the first 4 days of treatment. The clinical information indicated that the injured worker has been taking Flexeril since at least 04/23/2014. However, there was no documentation with evidence of quantified functional improvement with use of the medication. In addition, as the guidelines do not recommend long term use of cyclobenzaprine, the request is not supported. Therefore, the request is not medically necessary.

Toxicology-Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Page(s): 43.

Decision rationale: The request for toxicology-urine drug screen is not medically necessary. The California MTUS Guidelines state that urine drug screening is recommended to assess for use or the presence of illegal drugs. The clinical information indicated that the injured worker has been taking Percocet since at least 04/23/2014. However, there is no documentation with evidence of aberrant drug related behaviors to indicate the need for urine drug screen. In addition, there was no documentation with evidence of the last urine drug screen performed. Given the absence of the information indicated above, the request is not supported. Therefore, the request is not medically necessary.

