

Case Number:	CM14-0204315		
Date Assigned:	12/16/2014	Date of Injury:	11/09/2011
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/06/2014

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:

This is a patient with a date of injury of November 9, 2011. A utilization review determination dated November 26, 2014 recommends noncertification of Percocet and Flexeril. A progress report dated November 19, 2014 identifies subjective complaints stating that the Norco is helpful and well tolerated but pain relief lasts only 2 hours at a time. She can do things like brush her hair, clean her house, and cook dinner with the help of Norco. She also has occasional flare-ups of muscle spasms and feels that Cyclobenzaprine helps best during these times. She continues to do a home exercise program for her shoulder and neck. She has been attending acupuncture and using a tens unit. The pain is rated as 9/10 without pain medication and 3/10 with pain medication. Physical examination findings revealed decreased strength in the right upper extremity with decreased sensation in the 3rd, 4th, and 5th fingers and C6 dermatome. Current diagnoses include right shoulder rotator cuff syndrome, right shoulder proximal biceps rupture, right shoulder AC joint arthritis, chronic pain syndrome, muscle pain, neck pain, myofascial pain, cervical degenerative disc disease, and chronic right C6 radiculopathy. The treatment plan recommends a cervical epidural steroid injection, massage therapy, and medications. It was recommended that she try Percocet instead of Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is clear the patient has tried multiple treatment modalities previously. It appears that Norco is helping but not lasting long enough. Therefore, the requesting physician would like to try Percocet to see whether that provides beneficial analgesia and longer objective improvement from each dose. The patient is concurrently using a home exercise program, acupuncture, tens unit, and other modalities to improve her function. Therefore, adjusting the pain medication seems to be a reasonable next step in treatment. Ongoing use of Percocet would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. In light of the above, the currently requested Percocet is medically necessary.

Flexeril 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Muscle Relaxants (for pain); Antispasmo.

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

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. Within the documentation available for review, it is clear the patient has tried multiple treatment modalities previously. It appears that Cyclobenzaprine is being used to address intermittent flare-ups of muscle pain. The patient is concurrently using a home exercise program, acupuncture, tens unit, and other modalities to improve her function. Additionally, there is documentation that the patient's medication results in analgesic efficacy and objective functional improvement. In light of the above, the currently requested Cyclobenzaprine is medically necessary.