

Case Number:	CM15-0133199		
Date Assigned:	07/21/2015	Date of Injury:	05/20/2013
Decision Date:	09/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 05/20/2013. He reported that he fell off a dock, straddled the dock with his left leg while catching the frame of a cart under his right arm. Records show multiple injuries and multiple dates of injury. According to a progress report dated 04/10/2015, problems included deficiency of testosterone biosynthesis, chronic depression, urinary tract obstruction, osteoarthritis of knee, shoulder pain right, knee pain left, ankle pain left, shoulder tendinitis, chronic pain syndrome, myofascial pain and osteomyelitis. The injured worker had not been able to see his psychologist since his last visit. He had not been able to get a MRI of his knee. Pain medications provided 50-80 percent pain relief. He still walked with an antalgic gait pattern. He described the pain in his knee, ankle, right shoulder as aching, throbbing, shooting, stabbing and sharp. Pain was continuous. The injured worker reported that on a scale of 0-10, pain was usually a 6. He reported bladder symptoms, difficulty with gait or walking, arthralgias/joint pain and depression and restless sleep. He was in slight moderate distress secondary to left knee pain. Diagnoses included chronic pain syndrome, osteoarthritis of knee, osteomyelitis, shoulder tendinitis, chronic depression, and deficiency of testosterone biosynthesis, myofascial pain and urinary tract obstruction. The treatment plan included continuation of his current pain medications. Percocet was prescribed. Currently under review is the request for Percocet 10/325 mg #120 and Cyclobenzaprine extended release 15 mg #30. Documents submitted for review dating back to 11/25/2014, shows use of muscle relaxants and Percocet by the injured worker. The medication list includes Cyclobenzaprine, Percocet, Soma, Trazodone, Zolofl and Celebrex. The patient has had UDS on 4/10/15 that was consistent for Oxycodone. Per the note dated 6/4/15 the patient had complaints

of left knee pain and swelling and muscle spasm at 6/10. Physical examination of the left knee revealed tenderness on palpation, swelling, crepitus, antalgic gait and limited range of motion. The patient's surgical history includes left knee surgery, left ankle fusion, and right shoulder surgery in 2000.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria for use of Opioids Therapeutic Trial of Opioids Page(s): 9, 78.

Decision rationale: Percocet 10/325 mg #120 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain". According to a progress report dated 04/10/2015, problems included deficiency of testosterone biosynthesis, chronic depression, urinary tract obstruction, osteoarthritis of knee, shoulder pain right, knee pain left, ankle pain left, shoulder tendinitis, chronic pain syndrome, myofascial pain and osteomyelitis. Pain medications provided 50-80 percent pain relief. He still walked with an antalgic gait pattern. He described the pain in his knee, ankle, and right shoulder as aching, throbbing, shooting, stabbing and sharp. Pain was continuous. The injured worker reported that on a scale of 0-10, pain was usually a 6. He reported bladder symptoms, difficulty with gait or walking, arthralgias/joint pain and depression and restless sleep. He was in slight moderate distress secondary to left knee pain. Diagnoses included chronic pain syndrome, osteoarthritis of knee, osteomyelitis, shoulder tendinitis, chronic depression, and deficiency of testosterone biosynthesis, myofascial pain and urinary tract obstruction. The patient has had UDS on 4/10/15 that was consistent for Oxycodone. Per the note dated 6/4/15 the patient had complaints of left knee pain and swelling and muscle spasm at 6/10. Physical examination of the left knee revealed tenderness on palpation, swelling, crepitus, antalgic gait and limited range of motion. The patient's surgical history includes left knee surgery, left ankle fusion, and right shoulder surgery in 2000. There is no evidence of aberrant behavior. Patient has had a trial of non opioid medications including antidepressants for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain

on an as needed/ prn basis. The medication Percocet 10/325 mg #120 is medically necessary and appropriate in this patient.

Cyclobenzaprine extended release 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42 NSAIDs, GI symptoms & cardiovascular risk, page 68-69 Page(s): 9, 63-64.

Decision rationale: Cyclobenzaprine extended release 15mg #30 According to CA MTUS guidelines cited below, Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. According to a progress report dated 04/10/2015, problems included deficiency of testosterone biosynthesis, chronic depression, urinary tract obstruction, osteoarthritis of knee, shoulder pain right, knee pain left, ankle pain left, shoulder tendinitis, chronic pain syndrome, myofascial pain and osteomyelitis. Pain medications provided 50-80 percent pain relief. He still walked with an antalgic gait pattern. He described the pain in his knee, ankle, and right shoulder as aching, throbbing, shooting, stabbing and sharp. Pain was continuous. The injured worker reported that on a scale of 0-10, pain was usually a 6. He reported bladder symptoms, difficulty with gait or walking, arthralgias/joint pain and depression and restless sleep. He was in slight moderate distress secondary to left knee pain. Diagnoses included chronic pain syndrome, osteoarthritis of knee, osteomyelitis, shoulder tendinitis, chronic depression, deficiency of testosterone biosynthesis, myofascial pain. Per the note dated 6/4/15, the patient had complaints of left knee pain and swelling and muscle spasm at 6/10, the patient's surgical history include right shoulder surgery in 2000. The patient has evidence of muscle spasm on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations Therefore with this; it is deemed that, the use of the muscle relaxant Cyclobenzaprine extended release 15mg #30 is medically appropriate and necessary in this patient.