

Case Number:	CM15-0137025		
Date Assigned:	07/27/2015	Date of Injury:	05/16/2013
Decision Date:	08/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/15/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 41 year old male, who sustained an industrial injury on May 16, 2013. He reported pain in the right side of his neck, over the right trapezius and shoulder, upper back and around the border of the right scapula. The injured worker was diagnosed as having complete rupture of rotator cuff, myalgia and myositis unspecified, cervical radiculopathy, adhesive capsulitis of shoulder, disorder of bursa of shoulder region and brachial plexus disorder. Treatment to date has included diagnostic studies, chiropractic treatment with temporary benefit, physical therapy, injections, surgery, medications and home exercises. The physical therapy and injections provided no lasting improvement. On June 19, 2015, the injured worker complained of moderate neck pain with radiation to the right shoulder. The symptoms were rated as a 4 on a 1-10 pain scale. The symptoms are constant but were noted to be getting better by 40%. On June 22, 2015, Utilization Review non-certified the request for Percocet 10mg/325mg #60. A request for Cyclobenzaprine 10mg #90 was modified to Cyclobenzaprine 10mg #63. The California MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider reportedly was weaning opioids and should have completed weaning by time of request. This prescription was reportedly for an acute exacerbation of pain. Patient never had a documentation of a significant objective improvement in pain or function on prior percocets. A request of more opioids after supposed wean is not appropriate. Percocet is not medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least chronically. The number of tablets show no plan on weaning or short term use. Cyclobenzaprine is not medically necessary.