

Case Number:	CM15-0142230		
Date Assigned:	08/03/2015	Date of Injury:	11/18/2009
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 11-18-2009. She reported low back pain. The mechanism of injury is from a slip and fall on a wet floor. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbar herniated disc, lumbar degenerative disc disease, lumbago. Treatment to date has included medications, 6 sessions of acupuncture, 24 sessions of physical therapy, back surgery (2012), lumbar fusion (2013), multiple lumbar epidural steroid injections, electrodiagnostic studies, and CT scan of the lumbar spine (4-14-2015). The request is for Cyclobenzaprine, and Percocet. On 5-29-2015, she complained of low back pain which have worsened. She indicated having more pain, fatigue, low back weakness, and waking up from sleeping. She rated her pain 5 out of 10. The treatment plan included: urine toxicology screening, refill on Percocet, and Cyclobenzaprine, and lumbar facet joint injections. On 6-19-2015, she reported low back pain that have increased since her last office visit. She ran out of medications and is now utilizing a cane for ambulation. She indicated the pain to be constant, stabbing, and burning with radiation into her left lower extremity, and right buttock. She also indicated she had numbness and tingling to her left lower extremity that stops at the knee and that sitting or standing for prolonged periods increases the pain. She reported side effects of dizziness, nausea, vomiting, and frequent constipation which she attributed to her medications of Flexeril, and Percocet. Her current medications are: Nortriptyline, Percocet, Cyclobenzaprine, Fluoxetine, Escitalopram, and Permapexole. Physical findings revealed are tenderness to the low back region, limited range of motion to the bilateral shoulder abduction, right knee extension, left knee extension, and bilateral

ankle dorsiflexion, and decreased sensation along the right side L5 dermatomal distribution, and negative testing for supine straight leg raise, Faber, and Fair bilaterally. She reported running out of Percocet 6 days earlier. The treatment plan included: changing from Percocet to Tylenol # 3, bilateral lumbar facet joint injections, refilling Flexeril, prescribing Zofran for nausea. She is noted to have been utilizing Percocet and Cyclobenzaprine since at least March 2015, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month supply of Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), 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. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

150 tablets of Percocet 10/325mg: 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): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that this 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, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. Furthermore, it appears that the patient has significant side effects attributed to medication use. As such, there is no clear indication for ongoing use of the medication. 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 is not medically necessary.