

Case Number:	CM15-0145070		
Date Assigned:	08/06/2015	Date of Injury:	06/06/2012
Decision Date:	09/22/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on June 6, 2012 while working as a shipping and receiving operator. The injuries occurred as a result of work related cumulative trauma. The injured worker has been treated for neck pain, bilateral shoulder pain with radiation to the bilateral upper extremities and low back pain with radiation to the bilateral lower extremities. The diagnoses have included cervical spine discopathy, lumbar spine discopathy, right carpal tunnel syndrome, right ulnar neuritis and internal derangement of the right knee. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, chiropractic treatments, braces and physical therapy. The injured worker as noted to be temporarily totally disabled. Current documentation dated May 28, 2015 notes that the injured worker reported neck and low back pain. The pain was rated a 6-7 to 8-10 on the visual analogue scale depending on activity. The injured worker also noted bilateral knee and bilateral hand issues. Examination of the cervical spine revealed tenderness to palpation over the paraspinal muscles, trapezius muscles and parascapular muscles bilaterally. A cervical compression and shoulder depression test were positive bilaterally. Right elbow examination revealed tenderness over the lateral epicondyle and a positive Tinel's sign over the right cubital tunnel region. Examination of the bilateral hands and wrists revealed a positive Tinel's sign and Phalen's test over the carpal tunnel region bilaterally. A Durkin's test was also positive bilaterally. Lumbar spine examination revealed tenderness and spasms bilaterally. A straight leg raise test and Kemp's test were positive bilaterally. Right knee examination revealed tenderness over the medial joint line and a positive McMurray's test. Current medications were not provided

in the medical records. The treating physician's plan of care included requests for Motrin 800 mg # 60, Flexeril 7.5 mg # 60 and Percocet 10-325 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. There is also no documented evidence of functional improvement with the use of ibuprofen. The request for Motrin 800mg, #60 is not medically necessary.

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is no evidence of acute spasm on physical examination. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 7.5mg, #60 is not medically necessary.

Percocet 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Criteria for use of Opioids; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Percocet for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, #180 is not medically necessary.