

<b>Case Number:</b>	CM15-0163075		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male injured worker suffered an industrial injury on 4-15-2013. The diagnoses included chronic neck pain. The treatment included medication. The diagnostics included cervical magnetic resonance imaging. On 7-29-2015 the treating provider reported continued neck pain that radiated into the arms and hands rated 7.5 to 10. On exam there was tenderness to the cervical spine and upper back and limited range of motion. There was diffuse sensory hyperesthesia. She agreed to a taper of 6 does a day down to 5 doses a day. There was a signed opioid contract. It was not clear if the injured worker had returned to work. The requested treatments included Percocet and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with chronic neck pain radiating into the bilateral arms and hands. The current request is for Percocet 10/325mg #150. The treating physician's report dated 07/29/2015 (5B) states, "She is not able to function without pain medications. Her medication dose is well within MTUS guidelines but she is willing taper some pain medication down. She agreed to go down from 6 per day to 5 per day. Please provide her with medication so she can function". The patient rates her pain 7.5/10. She is permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. Medical records show that the patient has utilized Percocet since 10/2014. While the patient reports 7.5/10 pain, it is unclear if this is her pain level before or after medications. There is no documentation of adverse side effects or analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, the physician has not provided proper documentation of the required criteria based on the MTUS guidelines for continued opiate use. The current request is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with chronic neck pain radiating into the bilateral arms and hands. The current request is for Flexeril 10mg #60. The treating physician's report dated 07/29/2015 (5B) states, "Treatment recommended was Percocet 10/325 every 4-6 hours, Flexeril 10mg 2 times daily, and to go to the ER if symptoms worsen". The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. Medical records show that the patient was prescribed Flexeril since before 02/2015. In this case, long-term use of cyclobenzaprine is not supported by the guidelines. The current request is not medically necessary.

