

Case Number:	CM15-0187825		
Date Assigned:	09/29/2015	Date of Injury:	04/20/2011
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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 54 year old male who sustained an industrial injury on 4-20-11. The injured worker reported pain in the left knee. A review of the medical records indicates that the injured worker is undergoing treatments for multiple orthopedic injuries. Medical records dated 9-17-15 indicate "left knee is what is causing him a greatest deal of difficulty and it does provide an aching pain." Provider documentation dated 9-17-15 noted the work status as permanent and stationary. Treatment has included cervical spine magnetic resonance imaging (3-15-10), home exercise program, Percocet, Soma, Flexeril, injection therapy, status post right shoulder arthroscopy, acupuncture treatment and status post left shoulder arthroscopies. Objective findings dated 8-31-15 were notable for cervical spine with decreased range of motion, tenderness to the bilateral elbows. The original utilization review (9-8-15) denied a request for Percocet 10-325 milligrams quantity of 120, Flexeril 10 milligrams quantity of 30 and a Cervical Facet Joint Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, Qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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. In this case, the injured worker had been taking this medication for an extended period without objective documentation of significant pain relief or functional improvement. Additionally, there is no recent opioid agreement or risk assessment available for review. 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, Qty. 120 is determined to not be medically necessary.

Flexeril 10mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications.

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, the injured worker has been using this medication in a chronic manner and there is no evidence of an acute exacerbation of spasm. 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 10mg # 30 is determined to not be medically necessary.

Cervical Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG- Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the use of cervical facet joint injections. In this case, the injured worker had a previous facet joint injection of the cervical spine on 9/11/13 with stated benefit, however, there is no current objective evidence of facet joint pathology and cervical facet joint injections are not recommended by the established guidelines. The request for cervical facet joint injection is determined to not be medically necessary.