

Case Number:	CM15-0188275		
Date Assigned:	09/30/2015	Date of Injury:	04/02/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
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: Massachusetts

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 48 year old female, who sustained an industrial injury on 4-2-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc degenerative disease, radiculitis, lumbago, sciatica, spondylosis, gastritis, and neuropathic pain. Treatments to date include activity modification, Diclofenac, Percocet, physical therapy, acupuncture treatments, and epidural steroid injection. Currently, she complained of pain rated 6 out of 10 VAS. Current medication listed included Norco (start date 11-19-14), Protonix (start date 11-19-14), Naproxen Sodium (start date 11-19-14), Percocet (start date 5-19-15), and Diclofenac Sodium (start date 5-19-15). The medical records did not include documentation of objective data regarding medication efficacy. On 8-21-15, the physical examination documented lumbar tenderness with decreased range of motion and decreased sensation to right lower extremity. The plan of care included ongoing medication management. The appeal requested authorization for Percocet 10-325mg #90 and Amrix 15mg #30 with four refills. The Utilization Review dated 9-9-15, modified the request to all Percocet 10-325 #70 and Amrix #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: 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, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for low back pain with lower extremity radiating symptoms. On 05/05/15 pain was rated at 6/10. Norco was refilled. On 05/29/15 Percocet was prescribed. The MED (morphine equivalent dose) was increased from 30 mg to 45 mg per day. When seen, pain was again rated at 6/10. She was having worsening pain. Physical examination findings included a body mass index of nearly 37. There was decreased lumbar spine range of motion with muscle spasms and trigger points. There was a mildly antalgic gait. Percocet was refilled. Diclofenac was discontinued. Amrix was prescribed for muscle spasms with four refills. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Amrix 15mg #30 with 4 refills: 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).

Decision rationale: The claimant sustained a work injury in April 2014 and continues to be treated for low back pain with lower extremity radiating symptoms. On 05/05/15 pain was rated at 6/10. Norco was refilled. On 05/29/15 Percocet was prescribed. The MED (morphine equivalent dose) was increased from 30 mg to 45 mg per day. When seen, pain was again rated at 6/10. She was having worsening pain. Physical examination findings included a body mass index of nearly 37. There was decreased lumbar spine range of motion with muscle spasms and trigger points. There was a mildly antalgic gait. Percocet was refilled. Diclofenac was discontinued. Amrix was prescribed for muscle spasms with four refills. Amrix is an extended release formulation of cyclobenzaprine. Cyclobenzaprine is closely related to the tricyclic anti-depressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and use for at least 5 months was planned. Amrix is not a first-line medication. Prescribing this medication is not considered medically necessary.

