

Case Number:	CM15-0208828		
Date Assigned:	10/27/2015	Date of Injury:	04/20/2011
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic neck, mid back, low back, and shoulder pain reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for Flexeril and Percocet. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported multifocal complaints of neck, mid-back, low back, bilateral upper extremities, bilateral elbow, bilateral hip, and bilateral knee pain. Percocet and Flexeril were renewed and/or continued. The applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. The applicant's shoulder pain complaints were described as worsened, as were the applicant's groin pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg Qty: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted in page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to the other agents is deemed "not recommended". Here, the applicant was, in fact, using at least one of the agents, Percocet. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 45-tablet supply of cyclobenzaprine (Flexeril) at issue, in and of itself, represented usage in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Oxycodone/ Acetaminophen 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, criteria for use.

Decision rationale: Similarly, the request for oxycodone (Percocet), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's shoulder and groin pain complaints were described as heightened on August 31, 2015, despite ongoing Percocet usage. Activities as basic as walking were problematic, the treating provider reported on that date. The applicant was placed off of work, on total temporary disability, as of August 31, 2015. All of the foregoing, taken together, suggested the applicant had, in fact, failed to profit from ongoing Percocet usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.