

Case Number:	CM15-0021462		
Date Assigned:	02/11/2015	Date of Injury:	05/12/2008
Decision Date:	04/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female who sustained a work related injury on May 12, 2008, incurring injuries to her low back and legs. Treatments included steroid injections, muscle relaxants, and pain medications. She was diagnosed with multilevel cervical disc disease and bulging, thoracic strain and lumbar radiculitis. Currently, in January, 2015, the injured worker complained of persistent neck, shoulder, back, and lower extremity pain. On January 8, 2015, a request for one prescription of Flexeril 10mg, #20 between December 18, 2014 and April 7, 2015, and one prescription of Percocet 10/325mg, #100 between December 18, 2014 and April 7, 2015, were non-certified by Utilization Review, noting California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) and Page(s): 41-42, 63-64. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/cyclobenzaprine.html>.

Decision rationale: Flexeril 10mg #20 is not medically necessary per the MTUS Guidelines and an online review of prescribing information for this medication. The MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy and that muscle relaxants can be used for acute exacerbations of chronic low back pain. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). An online review of prescribing information for this medication reveals that this medication should be used with caution in patients with hepatic insufficiency. The documentation does not reveal that this is an acute exacerbation of pain. The patient has had chronic symptoms. For all of these reasons Flexeril is not medically necessary.

Percocet 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg #100 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore the request for continued Percocet is not medically necessary.