

Case Number:	CM15-0210295		
Date Assigned:	10/29/2015	Date of Injury:	06/30/2003
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old female, who sustained an industrial-work injury on 11-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, status post total right knee replacement 9-24-14, psychogenic pain, and long-term use of medications. Treatment to date has included pain medication Voltaren gel topically, Celexa, Amitriptyline, Percocet since at least 7-22-15, Cyclobenzaprine since at least 4-14-15, cervical injections, acupuncture at least 12 sessions, physical therapy, home exercise program (HEP), pain management and other modalities. The treating physician indicates that the urine drug test result dated 8-20-15 was consistent with the medication prescribed. Per the treating physician report dated 9-16-15 the work status is permanent and stationary. Medical records dated (7-22-15 to 9-16-15) indicate that the injured worker complains of new onset of right shoulder pain and cortisone injection 2 months ago was ineffective. She notes ongoing right knee pain and ongoing neck pain rated 4-5 out of 10 on the pain scale. The documentation does not entail least reported pain since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief or how long the pain relief lasts. This has remained the same. She reports taking medication only as needed and especially for flare-ups with relief. The documentation does not detail increased function, decreased pain or improved quality of life. The physical exam dated from reveals that the injured worker is fatigued and in pain. She has an antalgic gait. The exam of the neck shows painful range of motion, muscle tone of the trapezius is increased and there is palpable tenderness. The requested services included

Cyclobenzaprine 10mg #90 and Percocet 10-325mg #45. The original Utilization review dated 10-19-15 non-certified the request for Cyclobenzaprine 10mg #90 and Percocet 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, cyclobenzaprine.

Decision rationale: MTUS Chronic Pain Medical Treatment states for cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that this IW is in excess of the initial treatment window having been receiving this medication since at least 6/15. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Up-to-date "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine 10mg #90 is deemed not medically necessary.

Percocet 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, specific drug list.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, pain, opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that this IW has been on Percocet since at least 7/15, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." The treating physician does document some pain level improvement, however, does not document least reported pain since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief or how long the pain relief lasts, improved quality of life or overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 10/325mg #45 is deemed not medically necessary.