

Case Number:	CM15-0044123		
Date Assigned:	03/16/2015	Date of Injury:	05/22/1998
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 5/22/1998. The details of the initial injury were not submitted for this review. The diagnoses have included post laminectomy syndrome, osteoarthritis lower leg, and depressive disorder. She is status post right total knee replacement, date unknown, and left total knee replacement 2013, as well as lumbar fusion with instrumentation. Treatment to date has included medication therapy, physical therapy, and epidural injections. Currently, the IW complains of pain and numbness in bilateral knees and increased to left calf, low back pain. She is status post selective lumbar nerve root block (SNRB) with relief up to 90% documented. The physical examination from 2/5/15 documented swelling in the right knee, bilateral knee tenderness. The plan of care included continuation of medication therapy and physical therapy, and follow up with orthopedic and gastrointestinal services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has a history of non-compliance with medication as noted on 11/25/14. The claimant had been on Duragesic along with Percocet. The claimant had 6/10 pain which benefited 90% from an injection. The claimant had been on numerous medications including muscle relaxants, anti-depressants and topical analgesics. Pain control from Percocet could not be determined. There was no indication of failed weaning to Tylenol use. The continued use of Percocet is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with opioids. Continued and chronic use of Flexeril use is not medically necessary.