

Case Number:	CM14-0129353		
Date Assigned:	08/18/2014	Date of Injury:	12/02/2006
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 41-year-old female was reportedly injured on December 2, 2006. The most recent progress note, dated June 20, 2014, indicated that there were ongoing complaints of low back pain radiating down the left lower extremity. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles with spasms. There was decreased lumbar spine range of motion in all directions and a positive bilateral straight leg raise test at 60 degrees a neurological examination indicated decreased sensation at the right L5 and S1 dermatomes. There was slightly decreased muscle strength at the left extensor hallucis longus and tibialis anterior rated at 5/5. Diagnostic imaging studies of the lumbar spine, dated May 5, 2014, indicated a prior lumbar fusion from L4 to S1. Previous treatment included a lumbar fusion at L4-L5 and L5-S1, postoperative physical therapy, the use of a back brace and oral pain medications. A request had been made for Percocet, Oxycodone, and Flexeril and was not medically necessary in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10 mg-325 mg tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet is not considered medically necessary.

Oxycodone HCL 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Oxycodone is not medically necessary.

Flexeril 10 mg tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

Decision rationale: Flexeril is a Muscle Relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations. Additionally, this prescription is not written for this medication to be taken on an as needed basis. As such, this request for Flexeril is not medically necessary.