

Case Number:	CM14-0165339		
Date Assigned:	10/09/2014	Date of Injury:	10/30/1996
Decision Date:	11/13/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 45 year old female who sustained a work place injury on 10/30/1996. The mechanism of injury was injuring her neck while lifting and twisting a 60-pound binder. Her history was significant for anterior fusion of C5-C7. She had post-operative MRSA bacteremia. Her other diagnoses included obstructive sleep apnea, GERD, adhesive capsulitis of shoulder, obesity and depression. Her progress note from 05/01/14 was reviewed. Subjective symptoms included severe burning pain in right arm, neck and upper back. Pain was 9/10 in intensity. She was noted to be treated at another facility for chronic GI infection. Her shoulder surgery was on hold secondary to GI infection. She was noted not to be working. The plan of care included refilling Percocet and Flexeril. Flexeril was helpful, but not long acting enough and hence it was increased to every 6 hours for spasms. Diagnoses were cervical and thoracic radiculopathy. Progress note from 06/26/14 was reviewed. Her pain was noted to be 9-10/10 in intensity and 5-6/10 with medications. She was noted to be needing assistance with bathing, grooming, dressing and laundry. The employee was noted to be barely functioning with medications and without medications would be incapacitated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #210: Overturned

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

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

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical and thoracic radiculopathy. She had severe pain that improved with medications. She was also noted to have severe functional impairment without medications and was able to do ADLs with assistance with medications. There were no documented side effects and was not working. The utilization review denial was based on absence of documentation of improvement with pain medications. The most recent progress notes had documentation of improved functionality and pain. Given the additional documentation of improved functionality and improved pain, the ongoing use of Percocet is medically necessary and appropriate.

Flexeril 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. She had been on Flexeril since at least January 2014 which exceeds the time frame recommended by the guidelines. The request for Flexeril 10mg #120 is not medically necessary or appropriate.