

Case Number:	CM14-0180043		
Date Assigned:	11/04/2014	Date of Injury:	01/15/2002
Decision Date:	12/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 injured worker is a 55 year old male who was injured at work on 01/15/2002. The medical records indicate he well after the right knee arthroscopic surgery on 08/ 14/ 14. The physical examination revealed antalgic gait, unable to squat, midline healed lumbar incisional scar, tenderness of the lumbar back, gluteus, and iliotibial band; lower extremity weakness, limited range of motion of the lumbar spine, decreased sensation in the left calf. The worker has been diagnosed of chronic pain syndrome, Degeneration of lumbar intervertebral without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified; Myalgia and mysositis, unspecified; Morbid obesity. Treatments have included physical therapy, acupuncture, home exercise program, trigger point needling, multiple surgeries, including right knee arthroscopy on 08/14/14, epidural steroid injections at L5 and S1 on 01/11/12, Lunesta, Celebrex, Gabapentin, Voltaren topical gel, Cyclobenzaprine, Omeprazole, Soma, and Percocet. At dispute are the requests Percocet 10/325 mg #90; Cyclobenzaprine 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: 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): 78.

Decision rationale: The injured worker sustained a work related injury on 01/15/2002. The medical records provided indicate the diagnosis of chronic pain syndrome, Degeneration of lumbar intervertebral without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified; Myalgia and mysositis, unspecified; Morbid obesity. Treatments have included physical therapy, acupuncture, home exercise program, trigger point needling, multiple surgeries, including right knee arthroscopy on 08/14/14, epidural steroid injections at L5 and S1 on 01/11/12, Lunesta, Celebrex, Gabapentin, Voltaren topical gel, Cyclobenzaprine, Omeprazole, Soma, and Percocet. The medical records provided for review do not indicate a medical necessity for Percocet 10/325 mg #90. The MTUS recommends documentation ongoing monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors in patents on chronic opioid treatment. The record provided no documentation of improvement of pain or function. Therefore, the requested treatment is not medically necessary and appropriate.

Cyclobenzaprine 5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 01/15/2002. The medical records provided indicate the diagnosis of chronic pain syndrome, Degeneration of lumbar intervertebral without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified; Myalgia and mysositis, unspecified; Morbid obesity. Treatments have included physical therapy, acupuncture, home exercise program, trigger point needling, multiple surgeries, including right knee arthroscopy on 08/14/14, epidural steroid injections at L5 and S1 on 01/11/12, Lunesta, Celebrex, Gabapentin, Voltaren topical gel, Cyclobenzaprine, Omeprazole, Soma, and Percocet. The medical records provided for review do not indicate a medical necessity Cyclobenzaprine 5 mg #60. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. It recommends against the use of this Cyclobenzaprine for more than 2-3 weeks. Therefore, the requested treatment is not medically necessary and appropriate.