MAXIMUS Federal Services

Case Number:	CM14-0104971		
Date Assigned:	07/30/2014	Date of Injury:	06/16/1987
Decision Date:	06/25/2015	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old male, who sustained an industrial injury on 6/16/1987, while employed as a mason. He reported falling from scaffolding, without loss of consciousness, with injury to his neck, shoulders, low back, right knee, and right lower extremity. The injured worker was diagnosed as having status post lumbar spine fusion with intact hardware, status post multiple surgeries, status post cervical fusion, cervical radiculopathy, and lumbosacral radiculopathy. Treatment to date has included diagnostics, knee brace, right knee surgery in 1987, lumbar spine surgeries in 1990, 1996, and 1998, cervical spine surgery in 2010, physical therapy, chiropractic, and medications. A history of hepatitis C, anxiety, and depression was documented. The use of Flexeril and Percocet was noted since at least 12/2013. A metabolic panel (2/06/2014) showed liver function within normal limits. On 6/12/2014, the injured worker complained of chronic pain in his cervical and lumbar spines. He was currently maintained on medications, without side effects. He appeared uncomfortable and physical exam noted spasm and tenderness in the paravertebral muscles of the cervical and lumbar spines, with decreased range of motion, and decreased sensation with pain at the C6, C7, L5, and S1 dermatomes. His work status was temporary total disability and had not worked since 1988. The treatment plan included continued medications, including Percocet and Flexeril. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: This claimant was injured about 28 years ago. The claimant fell from scaffolding. He has had multiple surgeries, and the long-term use of medicine. These medicines would be a continuation. The objective, functional improvement is not noted. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With these proposed continued medicines, there is no clinically significant improvement documented in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Moreover, the MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, MTUS criteria are not medically necessary to continue the medicine.

Percocet 7.5/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured now about 28 years ago. He fell from scaffolding. He has had multiple surgeries, and the long-term use of medicine. These medicines would be a continuation. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed continued Percocet, there is no clinically significant improvement documented in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Moreover, the MTUS notes in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the

below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.