MAXIMUS Federal Services

| Case Number: | CM15-0113278 | | |
|---|---|---|---|
| Date Assigned: | 06/19/2015 | Date of Injury: | 03/01/2010 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

## 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: 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 59 year old male who sustained an industrial injury on 03/01/2010 resulting in injury to the neck. Treatment provided to date has included: cervical injections, medications (previously Norco and Vicodin), and conservative therapies/care. Diagnostic testing was not provided or discussed. Comorbidities included high cholesterol, hypothyroidism, and seasonal allergies. There were no other dates of injury noted. On 05/13/2015, physician progress report noted complaints of bilateral neck pain with the left side worse than the right. The injured worker noted that exacerbating factors included: prolonged sitting and standing, lifting, twisting back, driving, any activities, lying down, coughing, sneezing, and bearing down. Mitigating factors included medications. Additional complaints included headaches. Current medications include naproxen, Percocet, Levothyroxine, simvastatin, cyclobenzaprine (Flexeril), and Docusate sodium. The physical exam revealed tenderness to palpation of the cervical paraspinal musculature overlying the C2-T1 facet joints with the right-side worse than the left, decreased/ restricted cervical range of motion (ROM) due to pain, restricted right shoulder ROM, and positive right shoulder impingement signs (Neer's and Hawkin's) with pain. The provider noted diagnoses of cervical facet joint arthropathy, upper bilateral cervical facet joint pain C2-C5), lower bilateral cervical facet joint pain (C5-T1), cervicogenic headaches, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical strain/sprain, cervical spondylosis, status post right shoulder surgery, and right shoulder impingement. Plan of care includes continued medications (including Flexeril, Percocet and Docusate sodium), urine drug screening, and follow-up. The injured worker's work status remained permanently disabled. The

request for authorization and IMR (independent medical review) includes: Flexeril, Percocet and Docusate sodium.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg 1 tab PO daily PRN spasm #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 42-43, 75, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril 10 mg 1 tab PO daily PRN spasm #30 is not medically necessary.

**Percocet 10/325 mg 1 tab PO QID PRN pain #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 42-43, 75, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The Percocet was prescribed as an as needed basis, so no weaning is necessary. Percocet 10/325 mg 1 tab PO QID PRN pain #120 is not medically necessary.

**Docusate sodium 100 mg 2-4 tabs PO daily PRN #100 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 42-43, 75, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. Docusate sodium 100 mg 2-4 tabs PO daily PRN #100 2 refills is not medically necessary.