

Case Number:	CM15-0115793		
Date Assigned:	06/24/2015	Date of Injury:	04/05/1971
Decision Date:	08/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 an 83-year-old, male who sustained a work related injury on 4/5/71. The diagnoses have included lumbosacral spine degenerative disc disease, lumbar radiculopathy, low back pain and spinal stenosis. Treatments have included medications. In the PR-2 dated 4/23/15, the injured worker complains of continued pain in his low back. He has pain that radiates down both legs intermittently. He describes the pain as burning and stinging off and on with dull aching in both legs. He rates his pain level a high of 7-8/10 that comes down to 3-4/10 with medications. He states he has been able to decrease his medications to taking two pills a day. He reports no side effects. He states the medications help him to perform some activities of daily living and he sleeps a little better. He has pain to palpation of lumbar paraspinal muscles. He has decreased range of motion in his low back. The treatment plan includes refills of Percocet and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 80, 88, 124.

Decision rationale: According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. According to the records, this patient has been prescribed this Percocet for an undetermined length of time. The pain levels are documented 7-8/10, with a decrease to 3-4/10 with medications. There is no documentation of the onset of analgesia or duration of pain relief. In addition, there is no documentation of change in his functional capabilities from visit to visit. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.

Cyclobenzaprine 10mg #90: 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 (Flexeril) Page(s): 41-42.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the progress notes document pain levels are 7-8/10 that decrease to 3-4/10 with medications. However, the available records do not show any objective functional improvement from prior Cyclobenzaprine use. The medical necessity for this muscle relaxant has not been established. The requested treatment is not medically necessary.