

<b>Case Number:</b>	CM15-0163487		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 03-05-1998. She has reported injury to the left groin and left knee. The diagnoses have included pain involving pelvic region and thigh; and abdominal pain left lower quadrant. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Percocet, Flexeril, and Prilosec. A progress report from the treating physician, dated 08-11-2015, documented a follow-up visit with the injured worker. The injured worker reported left knee and left groin pain; the pain is rated at 7 out of 10 in intensity on the visual analog scale, depending on her activity; the pain is described as sharp, tender, pressure, and shooting; the pain is constant and is associated with spasm and tightness; the pain is stable since the last visit; she has been able to return to being more active; she takes Percocet which allows 50 % reduction in pain score; she takes Flexeril three times a day for spasms; this was weaned to 80 per month from 90 per month and she reports significant change in pain; she was unable to do a lot of her activity as normal; she takes Omeprazole for medicine-induced gastritis; her medication regimen allows her to participate in activities of daily living and do some chores; she is able to walk with medications up to 2-3 hours, sit with medications up to 25 minutes, and stand with medications 30 minutes; and without the medications she is unable. Objective findings included she is in no apparent distress; abdomen is not distended; no lower extremity edema; she is able to rise from a seated position without difficulty; gait is antalgic; and she ambulates with a cane. The treatment plan has included the request for Percocet 7.5-325mg every 4-6 hours, max 5 per day, #150, 2 prescriptions given, for moderate-severe pain, for inguinal neuropathy and left knee pain;

Flexeril 10mg three times a day as needed, #90, 1 refill, for muscle spasm relief, for inguinal neuropathy and left knee pain; and Omeprazole 20mg daily, #30, 1 refill, for medicine induced gastritis, for inguinal neuropathy and left knee pain. The original utilization review, dated 08-14-2015, modified the request for Percocet 7.5-325mg every 4-6 hours, max 5 per day, #150, 2 prescriptions given, for moderate-severe pain, for inguinal neuropathy and left knee pain, to Percocet 7.5-325mg every 4-6 hours, max 5 per day, #150, 2 prescriptions given, for moderate-severe pain, for inguinal neuropathy and left knee pain (slowly decreased at the rate of 10% a week until ideally eliminated); modified the request for Flexeril 10mg three times a day as needed, #90, 1 refill, for muscle spasm relief, for inguinal neuropathy and left knee pain, to Flexeril 10mg three times a day as needed, #90, 1 refill, for muscle spasm relief, for inguinal neuropathy and left knee pain (weaning of the course for 2 to 3 weeks is recommended); and modified the request for Omeprazole 20mg daily, #30, 1 refill, for medicine induced gastritis, for inguinal neuropathy and left knee pain, to Omeprazole 20mg daily, #30, 1 refill, for medicine induced gastritis, for inguinal neuropathy and left knee pain (consideration should be given to weaning and eliminating opioid medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 7.5/325mg q4-6h, max 5/day, #150, 2 rx given, for moderate/severe pain, for inguinal neuropathy and left knee pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Flexeril 10mg tid prn, #90, 1 refill, for muscle spasm relief, for inguinal neuropathy and left knee pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

**Omeprazole 20mg qd, #30, 1 refill, for medicine-induced gastritis, for inguinal neuropathy and left knee pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. Moreover, use of such medication should be monitored for efficacy and side effects. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.