

<b>Case Number:</b>	CM15-0172611		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/24/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 04-24-2011. He has reported injury to the neck and bilateral upper extremities. The diagnoses have included cervicalgia; degeneration of cervical intervertebral disc; chronic pain syndrome; carpal tunnel syndrome; cubital tunnel syndrome; adhesive capsulitis of shoulder; and brachial neuritis or radiculitis. Treatment to date has included medications, diagnostics, rest, heat, ice, activity modification, bracing, home exercise program, and surgical intervention. Surgical intervention has included cervical C5-C6 fusion; bilateral carpal tunnel release; and status post cubital tunnel release. Medications have included Percocet, Lyrica, Flexeril, Trazodone, and Voltaren Gel. A progress report from the treating provider, dated 07-24-2015, documented an evaluation with the injured worker. The injured worker reported neck pain and bilateral hands pain; the pain is rated at 6 out of 10 in intensity with medications, and 10 out of 10 in intensity without medications; back pain; shoulder pain; bilateral wrists and elbow pain; numbness and pain down both arms to the fingertips; and he reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living. Objective findings included stiff and slow gait; continued tenderness of the posterior neck rotation and flexion are restricted; he is unable to extend; positive Spurling's test; positive bilateral Tinel's over the carpal tunnels; and there is dysesthesia and hypoesthesia from the arms to the bilateral fingertips. The treatment plan has included the request for Percocet 10-325mg #90; and Flexeril 10mg #60. The original utilization review, dated 08-27-2015, modified the request for Percocet 10-325mg #90, to Percocet 10-325mg #68; and non-certified the request for Flexeril 10mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of percocet is not substantiated in the records. The request is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records. The request is not medically necessary.