

Case Number:	CM15-0037402		
Date Assigned:	03/05/2015	Date of Injury:	11/20/2006
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year-old female reported a work-related injury on 11/20/2006. According to the progress note dated 1/28/15, the injured worker reports constant low back pain, rated 7/10, which radiates to the bilateral lower extremities. She also has bilateral knee pain with aches and cramps. The injured worker was diagnosed with chronic low back pain, chronic right knee pain, status post right knee manipulation, status post left knee replacement, right knee internal derangement, disc herniation at L3-4 and L4-5, Grade I anterolisthesis at L5-S1, severe facet arthropathy at L4-5 and L5-S1 bilaterally and flare-up of left knee pain. Previous treatments include knee manipulation under anesthesia, medications, chiropractic treatment, home exercise and physical therapy. The Utilization Review (UR) on 02/13/2015 modified the requested services/treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines do not recommend the long-term use of opioids for chronic non-malignant pain. In this case, the injured worker is followed for chronic pain, and has been prescribed opioids for an extended period of time. Chronic use of opioids leads to tolerance and hyperalgesia. The records indicate that prior Utilization Reviews have recommended weaning of opioids. Despite the ongoing use of Percocet, there is no specific documented improvement in function. As per the MTUS guidelines, "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003) ". The request for Percocet 10/325 mg #120 is not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 10mg #90 is not medically necessary.

Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug test, Opioids Criteria for use Page(s): 43, 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that there is concern regarding the use or the presence of illegal drugs. Additionally, the medical records do not establish that there is concern for possible misuse of controlled substances and/or addiction. Furthermore, the medical records indicate that Utilization Review has modified this request to allow 10 panel random urine drug screen with qualitative analysis with confirmatory laboratory testing only performed on inconsistent results. The request for final confirmation of urine drug test results is not medically necessary.