

Case Number:	CM15-0071915		
Date Assigned:	04/22/2015	Date of Injury:	11/18/2009
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 45 year old female who sustained an industrial injury on 11/18/09. She has reported initial complaints of slipping and falling with back injury. The diagnoses have included lumbar radiculopathy and chronic low back pain. Treatment to date has included medications, acupuncture, physical therapy, lumbar epidural steroid injection (ESI), psychiatry, and back surgery with fusion. The diagnostic testing that was performed included x-ray of the lumbar spine. The current medications included Percocet, Nortriptyline, Cyclobenzaprine, Fluoxetine, Escitalopram and Pramipexole. Currently, as per the physician progress note of first report dated 3/16/15, the injured worker complains of constant aching stabbing pain across the low back with burning sensation with pins and needles in the left buttocks. The pain has increased since last visit it was 5/10 on pain scale and current visit it was rated 6/10. She also reports tingling in the left lower extremity with weakness. She reports pain with range of motion. Physical exam revealed difficulty with heel and toe walk, tenderness in the lumbar spine, decreased sensation on the right, left lower extremity movement was limited by pain, and straight leg raise was positive bilaterally. There was no urine drug screen noted and there were no previous therapy sessions or diagnostics noted in the records. It was noted that the physician was requesting pain management consult, lumbar computerized axial tomography (CT scan) scan and follow up in 6 weeks. The physician requested treatments included 90 tablets of Cyclobenzaprine 7.5mg and 180 tablets of Percocet 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Cyclobenzaprine 7.5mg: Upheld

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

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

Decision rationale: The requested 90 tablets of Cyclobenzaprine 7.5mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant aching stabbing pain across the low back with burning sensation with pins and needles in the left buttocks. The pain has increased since last visit it was 5/10 on pain scale and current visit it was rated 6/10. She also reports tingling in the left lower extremity with weakness. She reports pain with range of motion. Physical exam revealed difficulty with heel and toe walk, tenderness in the lumbar spine, decreased sensation on the right, left lower extremity movement was limited by pain, and straight leg raise was positive bilaterally. The treating physician has not documented duration of treatment, spasticity or hyper tonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 90 tablets of Cyclobenzaprine 7.5mg is not medically necessary.

180 tablets of Percocet 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested 180 tablets of Percocet 10-325mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant aching stabbing pain across the low back with burning sensation with pins and needles in the left buttocks. The pain has increased since last visit it was 5/10 on pain scale and current visit it was rated 6/10. She also reports tingling in the left lower extremity with weakness. She reports pain with range of motion. Physical exam revealed difficulty with heel and toe walk, tenderness in the lumbar spine, decreased sensation on the right, left lower extremity movement was limited by pain, and straight leg raise was positive bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures

of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 180 tablets of Percocet 10-325mg is not medically necessary.