

Case Number:	CM15-0073094		
Date Assigned:	04/23/2015	Date of Injury:	04/19/2004
Decision Date:	05/20/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female, who sustained an industrial injury on 4/19/04. The injured worker was diagnosed as having status post cervical fusion, bilateral carpal tunnel syndrome and status post carpal tunnel release twice on left and once of the right, depression associated with chronic pain, migraine headaches and opioid induced constipation. Treatment to date has included oral pain medication including narcotics, topical medications, TENS unit, cervical fusion and physical therapy. Currently, the injured worker reports her headaches and neck pain have improved by 50% after undergoing cervical fusion surgery. She rates the pain 4-5/10 and had a recent flare up of neck pain with increased tingling in arms and legs. Physical exam noted mild cervical paraspinal muscle tenderness and bilateral upper trapezius muscle tenderness and diffuse weakness and diminished sensation in bilateral upper extremities. The treatment plan included refilling of Percocet and Flexeril, continuing Imitrex, Duexis and Lidoderm patches and follow up appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of neck pain and wrist pain since date of injury 4/19/04. She has been treated with TENS unit, surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Flexeril 10 mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 50 year old female has complained of neck pain and wrist pain since date of injury 4/19/04. She has been treated with TENS unit, surgery, physical therapy and medications to include Flexeril for at least 1 month duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.