

Case Number:	CM15-0096224		
Date Assigned:	05/26/2015	Date of Injury:	07/26/2011
Decision Date:	06/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/19/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 55-year-old female sustained an industrial injury to the back, left knee, shoulders, wrists and thumb on 7/26/11. Previous treatment included magnetic resonance imaging, physical therapy, left knee surgeries, facet joint radiofrequency ablation, medial branch blocks, wrist splint, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine showed L4-5 foraminal stenosis. Magnetic resonance imaging right wrist showed a possible subluxation of the distal ulna with a possible tear of the collateral ligament. Electromyography showed left L5 radiculitis. In a follow up appointment dated 5/8/15, the injured worker complained of tension and muscle spasm in the neck and low back and aching to the shoulders, right wrist and left knee with weakness of the knee. The injured worker complained of low back pain with radiation down the left leg associated with numbness and tingling. The injured worker rated her pain 7-8/10 on the visual analog scale without medications and 3-4/10 with medications. The injured worker was working full time. The injured worker stated that recent physical therapy and massage had been significantly helpful. The injured worker stated that the transcutaneous electrical nerve stimulator unit used during physical therapy was helpful and wanted one for home use. Current medications included Buspar, Topamax, Ambien, Percocet, Flexeril and Miralax. The physician noted that the injured worker only used Flexeril for acute flares and did not take it on a regular basis. Current diagnoses included chronic left knee pain, mild bilateral shoulder pain, low back pain with foraminal stenosis, metacarpophalangeal joint pain, left lumbar radiofrequency ablation and lumbar radiculitis. The physician dispensed 60 Flexeril pills and noted that she had not had any

Flexeril dispensed in months. The treatment plan included a one-month trial of a home transcutaneous electrical nerve stimulator unit, a thumb splint replacement and requesting authorization for Percocet and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. The patient has been using opioids for long period of time without recent documentation of full control of pain and without any documentation of functional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. There is no justification for the use of several narcotics. Therefore, the prescription of Percocet 5/325mg, #120 is not medically necessary.

Flexeril 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle relaxants (for pain) Page(s): 41; 64-66.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm. In addition, Flexeril was used for more than 4 weeks without any evidence of functional improvement. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.