

Case Number:	CM14-0142523		
Date Assigned:	09/12/2014	Date of Injury:	08/22/2008
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 08/22/2008 due to an unspecified mechanism. Diagnoses were cervical radiculopathy; neuritis; neck pain; degenerative disc disease, cervical spine; spondylosis without myelopathy; lumbar disc degenerative; radiculitis; spondylosis; lumbago; and right carpal tunnel syndrome. Physical examination on 08/01/2014 revealed complaints of bilateral neck and back pain that radiated to the right shoulder. Complaints of index and middle finger paresthesia. The average pain level was reported to be a 7/10. Without pain medication, the injured worker would not be able to do daily function. Past surgeries were Arthroscopy Right Shoulder, Laminectomy, Carpal Tunnel Right Wrist, Spinal Fusion, Bryan Disc Not Fusion, and Carpal Tunnel Release. Examination of the cervical spine revealed mild spasm, paracervical tenderness, and paraspinous muscle tone was increased. There was facet-loading positive on the right and left. Examination of the lumbar spine revealed tenderness. Mild muscle spasm and paraspinous muscle tone was increased. Facet loading was positive on the right and positive on the left. Medications were OxyContin 20 mg, Flexeril 10 mg and Mobic 7.5 mg. The treatment plan was to continue medications as directed. The rationale and request were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Oxycontin 20 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for 90 Oxycontin 20 mg with 2 refills between 8/1/2014 and 11/25/2014 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend long acting opioids (OxyContin) for around the clock pain relief and indicate it is not for PRN use. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

30 Flexeril 10mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain); Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The decision for 30 Flexeril 10mg with 2 refills between 8/1/2014 and 11/25/2014 is not medically necessary. The California Medical Treatment states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.