

Case Number:	CM13-0015266		
Date Assigned:	03/12/2014	Date of Injury:	06/10/2011
Decision Date:	04/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 32-year-old female who was injured on June 10, 2011. The patient continued to experience pain in the cervical spine radiating into her left arm. The physical examination was notable for tenderness from C3-C6, bilateral cervical facet tenderness at C4-5 and C5-6, and weakness in left C5 and C6 dermatomes. The diagnoses included left cervical radiculopathy and degenerative cervical spine disc and facet disease. The treatment included physical therapy, chiropractic therapy, epidural steroid injections, acupuncture, TENS unit, and prescription medication. The requests for authorization for Oxycontin 15 mg CR # 30 with 60 refills and cyclobenzaprine 10mg # 30 with 60 refills were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN TAB 15MG CR, DAY SUPPLY, 30 QTY, 60 REFILLS: Upheld

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

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

Decision rationale: Oxycontin is the opioid oxycodone. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part

of a treatment plan specific for the patient and should follow criteria for use. The criteria for use include an establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case the patient had been treated with opioids since at least June 2012. There is no documentation in the medical records that an opioid contract was signed or that urine drug testing occurred. In addition the patient had not obtained analgesia. Criteria for long-term use of opioids have not been met.

CYCLOBENZAPR TAB 10MG DAY SUPPLY, 30 QTY, 60 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 63.

Decision rationale: The Chronic Pain Guidelines indicate that Cyclobenzaprine is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first four (4) days. Treatment should be brief. In this case the patient had been on cyclobenzaprine since at least July 2012. Analgesia had not been obtained with the medication. In addition, the duration of treatment surpasses the recommended short-term duration of less than two (2) weeks. The medication should not be authorized.