

Case Number:	CM13-0043347		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2000
Decision Date:	08/05/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 62-year-old male who reported a slip and fall on 02/09/2000. On 01/07/2014, he complained of waning and waxing back pain, with a recent exacerbation. His ranges of motion were guarded due to pain and were 40 degrees of forward flexion and 10 degrees of extension. The motor and sensory examination of the lower extremities was normal. In a note dated 10/16/2013, his diagnoses included postlaminectomy syndrome of the lumbar region, lumbosacral neuritis, chronic postoperative pain, stenosis of the lumbar spine, stenosis of the thoracic spine, osteoarthritis, and sciatica. In a physical therapy note of 11/21/2013, his lumbar ranges of motion included side bending to the left of five (5) degrees and side bending to the right of thirteen (13) degrees. In a progress note dated 03/18/2014, his medications included gabapentin 600 mg, Flexeril, and oxycodone with no dosages noted. His diagnoses included lumbar stenosis, low back pain, sciatica, and degenerative disc disease. His treatment plan included trigger point injections, with no record of the trigger point injections having been administered. In the progress note dated 04/02/2014, his medications included oxycodone 50mg and meloxicam 15mg. It is further noted that this worker has been on a narcotic regimen for thirteen to fourteen (13 to 14) years, and has developed a significant physiological tolerance. It further stated that he had an intrathecal pump installed and removed due to infection. There was no request for authorization or rationale included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pharmacy purchase of oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic pain Guidelines indicate that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. The ongoing review of pain relief, functional status, appropriate medication use, and side effects should be documented. The pain assessment should include: current pain; the latest reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief; and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased levels 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 guidelines also indicate that opioids should be continued if the patient has returned to work, or if the patient has improved functioning of pain. The recommendations read that opioids have been suggested for neuropathic pain that has not responded to first line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs). If these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids in chronic pain is that most randomized controlled trials have been limited to a short-term period (less than 70 days). Long-term use may result in neurological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there is no frequency specified in the request. Therefore, this request is not medically necessary.

Outpatient pharmacy purchase of cyclobenzaprine 10mg #90, with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The Chronic Pain Guidelines recommend that non-sedating muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs), and no additional benefit when used in combination with NSAIDs. The guidelines indicate that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than two to three (2 to 3) weeks. This worker was first prescribed cyclobenzaprine on 03/18/2014. The length of time he has been taking this medication exceeds the guideline recommendations. Additionally, there is no frequency of administration specified with the request. Therefore, this request is not medically necessary.