

<b>Case Number:</b>	CM13-0057821		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/23/1995
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine & Rehabilitation; has a subspecialty in Pain Management 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 patient is a 53-year-old female who was injured on April 23, 1995. A laboratory toxicology report from August 28, 2013 indicated the prescribed medications were detected including hydrocodone, hydromorphone, oxycodone, oxymorphone, and Norhydrocodone. The test results did show an inconsistency with Lorazepam. The laboratory toxicology report from August 09, 2013 demonstrated positive results for, Hydrocodone and Oxycodone, which are prescribed and an inconsistency with Lorazepam. The primary treating physician's progress report (PR-2) dated October 28, 2013 indicated that the patient had complaints of worsening pain with an increase of 10%. She continues to complain of neck, mid-back and low back. Objective findings on exam revealed she is tender to palpation. The patient was diagnosed with lumbar spine fusion right lower extremity radiculopathy; thoracic spine degenerative disc disease; cervical spine degenerative disc disease and Anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Buspirone 5mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications in Chronic Pain

**Decision rationale:** The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis. According to the ODG, Generalized Anxiety Disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific and the following serves only as a guide in providing pharmacotherapy. Selective serotonin re-uptake inhibitors (SSRIs) or Serotonin-norepinephrine reuptake inhibitors (SNRIs) are typically first line agents for GAD. Bupirone (Buspar) is also approved for short-term relief of anxiety symptoms. The medical records do not document subjective complaints with description of symptoms and clinical findings/observations consistent with GAD. A diagnosis of GAD has not been established. In addition, if an anxiety condition exists, SSRIs or SNRIs are considered first-line agents. The medical necessity of Bupirone has not been established by the medical records.

**90 Hydrocodone/APAP:** 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): 74-96.

**Decision rationale:** The California MTUS guidelines state that opioids may be continued if the patient has returned to work and/or if the patient has improved functioning and pain. The medical records document the patient has been using opioid medications chronically. The PR2 dated October 28, 2013 indicated that the patient had complaints of worsening pain with an increase of 10%. She continues to complain of neck, mid-back and low back. The physical examination revealed tenderness and restricted range of motion. There is no mention of non-opioid means of pain control. The medical records do not demonstrate there has been improvement in pain level or function with opioid use, and return to work has not been documented. The guidelines state if partial analgesia is not obtained, opioids should be discontinued. Consequently, ongoing opioid utilization is not recommended or supported by the guidelines.

**90 Oxycontin 30mg:** 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): 79-80, 86-87.

**Decision rationale:** The California MTUS Guidelines states that if there is no overall improvement in functions, unless there are extenuating circumstances, that opioids should be discontinued. In order to continue opioids, guidelines state that the patient has to have returned to work and had an improvement in function. The medical records do not establish this patient has obtained overall improvement in function or returned to work. The guidelines state that if there is no overall improvement in function, opioids should be discontinued. The patient describes increase in pain level despite opioid usage. There is no mention of non-opioid means to manage pain. The medical records do not establish OxyContin is appropriate and medically necessary for the management of this patient.

### **135 Cyclobenzaprine 5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Muscle Relaxants (for pain) Page(s): 41, 63.

**Decision rationale:** According to California MTUS guidelines, Cyclobenzaprine is recommended as a short course of therapy only. Muscle relaxants should be considered as a second-line option to treat exacerbations. The medical records do not establish this patient has presented with any acute exacerbation of chronic pain and there are no muscle spasms demonstrated on examination. In addition, the medical records do not document any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. In the absence of documented muscle spasms or acute exacerbation unresponsive to first-line measures, muscle relaxant is not recommended by the guidelines. The medical necessity of Cyclobenzaprine has not been established.