

Case Number:	CM13-0068439		
Date Assigned:	01/03/2014	Date of Injury:	04/23/1998
Decision Date:	04/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 physician 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 52-year-old male who reported an injury on 04/23/1998. The mechanism of injury was not provided in the medical records. He was diagnosed with chronic low back pain, bilateral hip pain, lumbar radiculitis, degenerative lumbar disc, and status post 2 cervical spine surgeries. His symptoms are noted to include low back pain, bilateral hip pain, left leg pain. His most recent office note dated 12/23/2013 indicates that his pain level is 2/10 to 3/10 when he is on his medications, he denies any problems or adverse effects from his medications and he takes his medications as prescribed. His medications are noted to include OxyContin 20 mg 2 tabs every 12 hours, Percocet 10/325 mg 2 tabs every 8 hours as needed, Flexeril 10 mg 3 times a day, Neurontin 300 mg 4 times a day, Prilosec 20 mg daily, Relafen 500 mg twice a day, and Lidoderm patches. It was noted that a urine drug screen was ordered at the patient's previous visit but the physician could not find the results and ordered another urine drug screen to be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, patients taking opioid medications require ongoing management to include continued detail documentation of pain relief, functional status and the 4A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review indicated that the patient has been a long-term opioid user. His most recent visit indicates that he denied side effects and that his pain level was 2/10 to 3/10 with use of his medications. However, further details regarding the patient's pain outcome including his pain level without use of medications, the length of time it takes to feel relief after taking opioids, how long pain relief lasts, and his average pain level since his last visit were not provided. Additionally, the documentation did not address whether the patient has an increased function with use of opioids, whether he is able to participate in his activities of daily living, and whether he has shown any aberrant drug taking behaviors. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioids, the request is not supported.

One prescription of Flexeril 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

Decision rationale: According to the California MTUS Guidelines, Flexeril is only recommended for a short course of therapy as the effect of this medication has been found to be modest and comes at the price of great adverse effects. The effect of Flexeril is noted to be greatest in the first 4 days of treatment, further suggesting that shorter courses may be better. Additionally, the guidelines state that the addition of cyclobenzaprine to other agents is not recommended. The patient is noted to be currently taking multiple medications, and as the guidelines do not recommend cyclobenzaprine added to other agents, continued use is not supported. Additionally, the patient's oldest medical record provided was dated 11/26/2012 and at that time he was noted to be taking Flexeril. Therefore, the patient has been taking Flexeril for well over 1 year and as the guidelines recommend only short courses of therapy, continued use is not supported. Therefore, the request is non-certified.