

Case Number:	CM14-0102110		
Date Assigned:	09/16/2014	Date of Injury:	12/15/1999
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 injured worker is a 49-year-old right-hand dominant male who sustained work-related injuries on December 15, 1999. Per December 5, 2013 records, the injured worker reported that his low back and leg pain was rated at 3-4/10 which was mostly in his shoulder and feet. He reported that despite of taking 3.5 Percocet per day he still was in pain. He had a flare-up of his back pain which caused him to be bed bound and missed a day of work. Lumbar spine examination noted restricted range of motion in all planes by pain with noted muscle guarding. Per January 9, 2014 records, the injured worker is noted to be taking 4.5 pills/day which was the most optimal and works well for him and was taking Cyclobenzaprine at night. He rated his low back and leg pain at 3-4/10. Lumbar spine examination noted limited range of motion in all planes by pain. Sensation was diminished along L4-L5 dermatomes at the right lower extremity. Straight leg raising test was positive bilaterally at 60 degrees. He underwent urine drug screening which was collected on March 28, 2014. Results revealed positive for Oxycodone, Nor-Oxycodone, and Oxymorphone. Most recent medical records dated August 14, 2014 noted that the injured worker continued to experience low back pain and leg pain rated at 3-4/10 which was still mostly in his shoulder and feet. He reported that he has been using Percocet, Cyclobenzaprine, and Medrox patches but despite these medications he was still having pain and was unable to function and was unable to sustain full-time work. He has missed 2 days of work per month. Lumbar spine examination noted limited range of motion in all planes with pain. Sensation was diminished along the L4-L5 dermatomes on the right lower extremity. Straight leg raising test was positive bilaterally at 60 degrees. He is diagnosed with (a) low back pain, (b) foot pain, and (c) lumbar disc with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl/Acetaminophen 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Muscle Relaxants for Pain Page(s): 64-66, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, long-term Opioids, specific drug list Page(s): 76-80, 88.

Decision rationale: Evidence-based guidelines indicate that opioids are not necessarily recommended to be used in the long-term. However, if it is to be used in the chronic phase, there should be documentation of being able to meet the stipulations of the criteria for on-going management (e.g. prescription from only one treating physician, all medications are dispensed from one pharmacy, there should be evidence of the 4A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to nonopioid means of pain control as well as evidence of significant decrease in pain levels and significant increase in functional improvement. In this, the injured worker has been taking oxycodone/acetaminophen in the chronic term and his December 5, 2013 notes noted 3-4/10 pain levels. However, his most recent progress noted dated August 14, 2014 noted that his pain levels are still 3-4/10 with no significant improvement in his objective findings. There is also no evidence of significant functional improvements. In fact, the injured worker stated that in despite these medications he was still having pain, was unable to function, and was unable to sustain full-time work. Based on these reasons, the medical necessity of the requested oxycodone hydrochloride /acetaminophen 10/325 #135 milligrams is not established.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Muscle Relaxants for Pain Page(s): 64-66, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle relaxants (for pain) Page(s): 41-42, 64.

Decision rationale: Evidence-based guidelines indicate that this medication is only recommended for a short-course of therapy and it is not recommended for chronic use. In this case, the injured worker has been utilizing cyclobenzaprine in the chronic phase but he still has ongoing pain, unable to function well, and was unable to sustain full-time work. This means that there is insufficient response in spite of the chronic usage of this medication. Moreover, there is no indication that the injured worker is suffering from muscle spasms. Therefore, the medical necessity of the requested Cyclobenzaprine 7.5 milligrams #60 is not established.