

Case Number:	CM14-0108200		
Date Assigned:	08/01/2014	Date of Injury:	02/13/1999
Decision Date:	10/07/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational Medicine 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:

This is a 58-year-old male with a 2/13/99 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/17/14, the patient complained of constant low back and hip pain associated with numbness in the lower extremities. The patient's current medication regimen consisted of Dilaudid 8mg 1-2 tablets every 4-6 hours as needed for breakthrough pain, Oxycontin 80mg 1 tablet 2 times a day for pain, and Cyclobenzaprine 7.5mg 1 tablet 3 times a day. With his current medications, he has been able to perform his activities of daily living. It is noted in a 7/4/14 appeal note, that the provider has treated the patient since 2001, and the patient was on opioid medications since that time. Objective findings: antalgic gait, tenderness/spasm of the quadratus lumborum musculature bilaterally, decreased range of motion of lumbar spine, normal sensory exam. Diagnostic impression: persistent low back and lower extremity pain status post nerve root decompression, depression. Treatment to date: medication management, activity modification, 2 back surgeries. A UR decision dated 6/25/14 denied the request for Cyclobenzaprine and modified the requests for Dilaudid 8mg #150 and Oxycontin 80mg #15 for 1 fill for weaning purposes. Regarding Dilaudid and Oxycontin, the attending provider has not discussed or detailed or made any mention of precisely which activities of daily living have been ameliorated as a result of opioid usage. Regarding Cyclobenzaprine, the patient is using a variety of other analgesic and adjuvant medications. Adding Cyclobenzaprine to the mix is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is also taking Oxycontin, and the calculated MED from the combined opioid use is 624, which far exceeds the guideline recommendation of maximum MED of 200. High MED medication regimens can increase the risk of adverse effects, such as respiratory depression and sedation. In addition, the patient is noted to have been taking opioid medications since at least 2001. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, a urine drug screen was not provided for review. Therefore, the request for Dilaudid 8mg #150 was not medically necessary.

Oxycontin 80mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is also taking Dilaudid, and the calculated MED from the combined opioid use is 624, which far exceeds the guideline recommendation of maximum MED of 200. High MED medication regimens can increase the risk of adverse effects, such as respiratory depression and sedation. In addition, the patient is noted to have been taking opioid medications since at least 2001. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Furthermore, a urine drug screen was not provided for review. Therefore, the request for Oxycontin 80mg #15 was not medically necessary.

Cyclobenzaprine 7.5g #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. It is noted that the patient has been taking cyclobenzaprine since at least 4/2/14, and guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, the combined use of opioid medications and cyclobenzaprine is not recommended. Therefore, the request for Cyclobenzaprine 7.5mg #90 was not medically necessary.