

Case Number:	CM14-0112657		
Date Assigned:	09/22/2014	Date of Injury:	06/19/2008
Decision Date:	10/21/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year old employee with date of injury of 6/19/2008. Medical records indicate the patient is undergoing treatment for failed back surgery syndrome, lumbar disc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, myofascial pain/spasm and opioid dependence. She is s/p L4-5 decompression and fusion (8/23/10). She underwent a failed spinal cord simulator trial (1/28/2013). Subjective complaints include an insufficient amount of pain relief from the spinal cord stimulator. She rates her overall pain as 9/10. She has severe pain radiating to the lower extremities, particularly on the right along L5 S1 dermatomes and to the plantar feet. She complains of sleep disturbance. She describes her pain as: aching, heavy, tingling, severe, stabbing, shooting, tight, annoying, sharp, radiating, numb, soreness, constant, cramping, excruciating, burning, intense and unbearable. It is exacerbated by sitting, walking and standing, bending, lifting, lying down, with stress and rising from a chair. She is stressed and complains of joint stiffness/pain/swelling. Objective findings include: lumbar spine alignment and curvature are normal; paravertebral muscle and spasm were noted; severe tenderness to light palpation of the lumbar spine. Her bilateral sacroiliac joints are severely tender. She uses a walker to ambulate. Lumbar range of motion (ROM) is restricted, not positive secondary to severe pain; lumbar straight leg was positive, Kemp's positive, Minor's sign positive, Braggard's and Waddell's are not positive and Valsalva is negative. She has paresthesia along the bilateral L5 and S1 dermatomes, right greater than left. Right patellar deep tendon reflexes right patellar tendon, 2/4 and left patellar and bilateral Achilles tendons are . Pathological reflexes are absent. Treatment has consisted of PT, acupuncture, epidural injection, L4-5 decompression and fusion (8/23/10), Methadone, Neurontin, Flexeril, Celebrex, Gabapentin, Omeprazole, Carisoprodol, some topical (unknown) creams and Amitriptyline. The patient has received "rule of one" counseling and signed an opiate contract. The utilization review determination was rendered on

6/17/2014 recommending non-certification of Methadone 10mg, two tablets every 8 hours, PRN pain, Flexeril 10mg one tablet every 8 hours and UA obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, two tablets every 8 hours, PRN pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician documents continued severe pain while on Methadone. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 600, which exceeds MTUS recommendations. As such, the request for methadone 10 mg, two tablets every 8 hours, PRN pain is not medically necessary.

Flexeril 10mg one tablet every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1)

determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up to date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG state regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 10mg one tablet every 8 hours is not medically necessary.

UA obtained: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009 recommends for stable patients without red flags" Twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. In addition a urine drug screen was approved on 1/22/14 and the results of the test have not been detailed in the medical documents provided. As such, the request for UA obtained is not medically necessary.