MAXIMUS Federal Services

Case Number:	CM14-0117394		
Date Assigned:	08/06/2014	Date of Injury:	12/07/1996
Decision Date:	09/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia and Nevada. 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 63 year old male who sustained an injury on 12/07/1996. No specific mechanism of injury was noted. The injured worker has been followed for a long history of chronic low back pain. Prior treatment has included physical therapy as well as a functional restoration program. The injured worker also received epidural steroid injections in the past. Ultimately the injured worker underwent laminectomy and foraminotomy at L4-5 and L5-S1 in May of 2012. The injured worker had also been followed for concurrent anxiety and depression secondary to chronic low back complaints. As of 05/15/14, the injured worker continued to complain of chronic low back pain. At this evaluation the injured worker was utilizing muscle relaxers to include cyclobenzaprine at 5mg twice daily as well as OxyContin 30mg extended release twice daily and oxycodone 5 mg up to 4 times daily for breakthrough pain. The injured worker reported good benefit from these medications. The injured worker's physical examination was limited with no specific findings noted. Follow up on 06/19/14 noted that Oxycontin was decreased to 20mg extended release twice daily with oxycodone continued at 5 mg 4 times daily. The injured worker was reported to be functional with this regimen. Physical examination again was limited with no specific findings noted. The requested OxyContin 20mg, Flexeril 5mg and Voltaren 1% gel were all denied by utilization review on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 20mg: 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 Page(s): 88-89.

Decision rationale: In regards to the request for oxycontin 20 mg, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation submitted for review. While the injured worker is titrating down on narcotic medications, the amount requested would have been considered excessive. The quantity of 68 would have been medically appropriate in order to facilitate weaning of narcotic medications. As such, the request as submitted which was nonspecific would not be supported as medically necessary.

1 prescription of Flexeril 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril 5mg, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in terms of quantity, frequency, or duration. Therefore, this request is deemed not medically necessary.

1 prescription of Voltaren 1% gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for Voltaren 1% gel, this reviewer would not have recommended this request as medically necessary. The clinical documentation submitted for review did not specify this as an active medication for which the injured worker was obtaining any substantial benefit. The last evaluation did not list this as a currently prescribed medication. As such, this reviewer would not have recommended this request as medically necessary.