MAXIMUS Federal Services

Case Number:	CM14-0141729		
Date Assigned:	11/05/2014	Date of Injury:	10/04/2001
Decision Date:	12/11/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 38-year-old female who reported an injury on 10/04/2001. The mechanism of injury was not specified. Her relevant diagnoses include lumbosacral spondylosis without myelopathy, degenerative lumbosacral intervertebral disc degeneration, lumbago, and thoracic/lumbosacral radiculitis. Her past treatments included physical therapy, TENS unit, heating pad, and home exercises. On 08/29/2014, the injured worker complained of sharp constant mid to low back pain rated 7/10 radiating to her bilateral legs with intermittent numbness. On physical examination, it was noted the injured worker had intermittent radiculopathy to the anterior and posterior lower extremities bilaterally. A current urine drug screen performed on 04/17/2014 indicated the injured worker tested negative for oxymorphone, pentazocine and Zolpidem. Her medications included acetaminophen/Codeine 300/15 mg twice a day, cyclobenzaprine 10 mg twice a day, ibuprofen 800 mg twice a day, and Zantac 150 mg at bedtime. The treatment plan included a recommendation to discontinue OxyContin and Amrix and resume cyclobenzaprine. A urine drug screen was ordered in the office. Requests were received for Amrix 15 mg, quantity 30; OxyContin 10 mg, quantity 60; and Tylenol with Codeine 300/15 mg, quantity 60. The requesting physician's rationale for the request was not provided. A Request for Authorization form was submitted on 08/11/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics Page(s): 64.

Decision rationale: The request for Amrix 15 mg, quantity 30 is not medically necessary. According to the California MTUS Guidelines, Amrix is only recommended for a short course of therapy, up to 2-3 weeks, due to limited and mixed evidence for chronic pain relief. The guidelines recommend muscle relaxants as a second-line option for short-term treatment. The injured worker was noted to have been prescribed Amrix since at least 07/07/2014; therefore the continued use of Amrix would exceed the guideline recommendation for a short course of treatment. The treating physician recommended Amrix be discontinued and the injured worker resume cyclobenzaprine. The documentation also failed to show the injured worker had muscle spasms or significant functional improvement with the medication. Based on Amrix being recommended for a short course of therapy, limited and mixed evidence that does not allow for recommendation for chronic use, and the physician's recommendation to discontinue, a lack of documented muscle spasms and objective functional improvement, the request is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Amrix 15 mg, quantity 30 is not medically necessary.

Oxycontin 10 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going management Page(s): 78.

Decision rationale: The request for OxyContin 10 mg, quantity 60 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of their pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs and their outcomes over time. The current pain should be included with 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 with a current urine drug screen. The patient was noted to have been on OxyContin at least since 07/07/2014 with noted constipation and naseau; however, the treating physician was noted to recommend discontinuation of the medication. The documentation failed to provide ongoing documentation and review in regards to the injured worker's analgesia effects from taking the opioid, how long it takes for pain relief, and how the pain relief lasts. In addition, there was also a lack of documentation of functional improvements or deficits in his activities of daily living, and aberrant drug taking behaviors. The current urine drug screen tested negative for oxycontin. Based on the lack of documentation in reference to the injured worker's pain relief, side effects, physical and psychosocial function, the occurrence of any potential

aberrant drug related behaviors, and the recommendation to be discontinued, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for OxyContin 10 mg, quantity 60 is not medically necessary.

Tylenol with Codine 300-15 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On-Going management Page(s): 78.

Decision rationale: The request for Tylenol with Codeine 200/15 mg, quantity 60 is not medically necessary. According to the California MTUS Guidelines, opioids require ongoing review and documentation of their pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes should effect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs and their outcomes over time. The current pain should be included with 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 with a current urine drug screen. The injured worker was noted to have been on Tylenol 3 since at least 07/07/2014 with pain being tolerable to manage breakthrough pain, however, the current urine drug screen tested negative for the medication. Based on the lack of documentation in reference to the injured worker's, physical and psychosocial function, the occurrence of any potential aberrant drug related behaviors, and the recommendation to be discontinued, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Tylenol with Codeine 200/15 mg, quantity 60 is not medically necessary.