MAXIMUS Federal Services

Case Number:	CM14-0153167		
Date Assigned:	09/23/2014	Date of Injury:	06/18/2004
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Georgia. 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 patient is a 60 year old female who was injured on 06/16/2004. The mechanism of injury is unknown. Medication list as of 08/287/2014 included Oxycontin 30mg 1 po q8h, Norco 10mg/325mg 1 tablet po BID-QID, Flexeril 10mg TID PRN, Ambien 10mg po qhs PRN, anaprox 550mg po BID, keflex 500mg, general 10gm/15mL solution, lidoderm 5% patch 12 hours on per 24 hour period, docuprene 100mg BID. Prior treatment history has included H-wave, lumbar epidural steroid injection. There are no toxicology reports available for review. The patient was seen on 03/05/2014 with complaints of low back pain. She reported difficulty with sleeping and laying down secondary to pain. She was noted as taking Norco, Flexeril, Naproxen, and oxycontin for pain relief as it increased functional mobility and ease of movement. She reported her medications provide her with 50% of relief in symptoms for 2-3 hours and allows her to perform functional tasks. She reported the current regimen allowed her to clean the house, walk 30 minutes longer, sit 1-hour longer, cook, grocery shop, and ride in a car without flare-ups. She rated her pain as 7-10/10 without medications and 2/10 with medications. On exam, she had tenderness over the SI joints, left greater than right and over the lumbar paraspinals with muscle spasms, left greater than right. She had pain on range of motion of the lumbar spine with flexion; extension at 10 degrees; lateral flexion fingertips to mid thigh bilaterally, and rotation within functional limits. Straight leg raise was positive on the left and negative on the right. The patient was diagnosed with lumbago, lumbar facet joint pain, lumbar radiculitis, chronic pain syndrome, myalgia and myositis, and degeneration of lumbar intervertebral disc. A recommendation was made to continue with medication management which included Oxycontin 30 mg, Flexeril 10 mg, and Norco 10 mg. Progress note dated 08/27/2014 noted the patient presented with complaints of low back and left leg pain. The physician felt she was having an acute flare-up after being ill and hospitalized. Paraphrase of

toxicology report from 07/23/2014 discussed in this note reported positive opiates and oxycodone, which was appropriate for the medications she was being prescribed at the time. Listed diagnoses included: persistent disorder of initiating or maintaining sleep; degeneration of lumbar or lumbosacral intervertebral disc; lumbago; lumbar facet pain; lumbar radiculitis; chronic pain syndrome; and numbness. Progress note on 08/28/2014 noted the patient presented for reevaluation of her low-back pain. She described constant aching low-back pian with muscle tightness. She reported her pain was a 9-10/10 on VAS without medication, 0-1 with. Pain reportedly aggravated by prolonged sitting, standing, bending, lifting, or laying on her left side. Pain improved by medications, injections, and exercise. Medications reportedly made the pain tolerable per patient, with them allowing her to do simple chores around the house, as well as well as allowing some limited bending. Exam demonstrated 5-/5 bilateral lower extremity strength. Patellar DTRs 2+, Achilles DTR 1+. Sensation diminished to light touch at the L4 and L5 dermatomes. Right greater than left sacral notch and SI joint tenderness. Patrick's sign and Gaenslen's maneuver positive on left. Lumbar paraspinal tenderness was noted, with significant spasm also documented. Flexion at the L-spine with fingertips to upper thigh, extension to 5 degrees with pain, lateral flexion with fingeritps to mid-thigh . Straight leg raise positive on left. Prior utilization review dated 09/10/2014 states the request for Oxycontin 30mg QTY: 90 is modified to certify Oxycontin 30 mg #60; Flexeril 10mg QTY: 90 is denied as it is not supported by the guidelines; and Norco 10mg QTY: 120.00 is modified to certify Norco 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 MTUS also notes that discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six

months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." The medical records document clear functional improvement and improvement in pain related to use of pain medications. Of some concern, however, is the patient's current total daily opiate dosing. Maximum recommended daily morpine equivalent dose (MED) is a maximum of 120mg. The medical documents submitted for review note that the patient's current regimen of Oxycontin 30mg q8h is 135 morphine equivalents. Each dose of Norco adds an additional 10 morphine equivalents. However, MTUS notes appropriately that maximum MED will vary from person to person, depend on current and previous opiate exposure, as well as chronicity of use. Overall, the current medication regimen appears to be effective at improving the patient's pain and allowing functional improvement. Therefore, based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Flexeril 10mg QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) recommends the use of muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. Of note, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There appears to be no additional benefit beyond NSAIDs, and efficacy appears to diminish over time. The medical documents provided demonstrate that the patient has been taking Flexeril for at least the past 8 months. Flexeril, as with all muscle relaxant medications, is intended for short-term use for acute exacerbations of chronic symptoms. Review of medical records demonstrate that she received a prescription or 60 tabs on 05/28/2014, and was written a new prescription for 90 tabs on 08/27/2014. It appears, therefore, that she is not using the medications on a daily basis, but is taking them as prescribed for flares/acute exacerbations of her chronic pain condition. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.