

<b>Case Number:</b>	CM14-0178843		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/10/1987
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 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:

52 yr. old female claimant sustained a work injury on 12/10/87 involving the low back. She was diagnosed with lumbar radiculopathy and sacroiliac pain. A progress note on 10/2/14 indicated the claimant had continued low back pain. Exam findings were notable for limited range of motion, tenderness in the sacroiliac spine and paravertebral spasms. The claimant was continued on a decreased dose of Oxycodone 15 mg 4 times daily along with increased Oxycontin 100 mg daily and Flexeril 10 mg daily She had been on these medications for over a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Oxycodone HCL 15mg #90 between 10/2/2014 and 12/13/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the

claimant had been on Oxycodone for a year without significant improvement in pain or function. The combined dose of Oxycontin and Oxycodone exceeded the 120 mg equivalent of morphine recommended daily. The continued use of Oxycodone is not medically necessary.

**1 prescription of Flexeril 10mg #30 between 10/2/2014 and 12/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines , Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a year. Continued use is not medically necessary.