

Case Number:	CM14-0032061		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2004
Decision Date:	09/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 49-year-old man who sustained a work related injury on January 7, 2004. Subsequently, he developed chronic low back pain. The patient underwent radiofrequency rhizotomy of the right L3-5 medial branch nerves in May 2011 without improvement. The patient had also an intrathecal narcotic pump implanted in 2008. According to the progress report dated February 12, 2014, the patient reported symptoms were persistent but stable, with sharp pain in the lower back, radiating bilaterally to the thighs, aggravated by bending, lifting, and basic activities of daily living. His physical examination revealed limited and painful active range of motion of the lumbar spine, antalgic gait with cane assistance. The patient had a positive femoral stretch, Patrick's and straight leg raise testing. The patient was diagnosed with chronic back pain, degenerative disc disease, and lumbosacral. His medication regimen included: cyclobenzaprine, oxycontin, Norco and Lorazepam. The provider requested authorization for Cyclobenzaprine, Norco, and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 10mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE Page(s): 41.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine is recommended for pain for a short course. (Non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patient with chronic back pain). Its effects is greatest in the first 4 days. In this case Cyclobenzaprine was prescribed since at least May 2011, indicating over 2 years of use. Although the patient may suffered a muscle spasm, long term use of Cyclobenzaprine is not recommended as per MTUS guidelines. The proposed prescription of Cyclobenzaprine is not medically necessary.

1 Prescription of Norco 10/325mg #120 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work. Therefore, the prescription of NORCO 10/325 mg #120 is not medically.

1 Prescription of Oxycontin 20mg #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Treatment Guidelines (Maay 2009) Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute pot

operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the medical records, the patient has used high dose opioid analgesics since 2008 and, although recently symptoms were reported to be stable, relatively small increases in activity would reportedly lead to flare-ups of pain. In addition, there is no clear documentation of pain and functional improvement with opioids and the patient has not returned to work since 2004. Based on this finding, the prescription of Oxycontin 20 mg #90 with 6 refills is not medically necessary.