

<b>Case Number:</b>	CM14-0033856		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/12/2000
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Management 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:

According to the records made available for review, this is a 59-year-old male with a 9/12/00 date of injury. At the time (2/11/14) of the request for authorization for Oxycodone 5mg #90, Lyrica 150mg #30, and Flexeril 10mg #60, there is documentation of subjective findings of lower back pain with pain radiating into both lower extremities and objective findings of mild to moderate discomfort, pain behavior present, straight leg raise is positive on the right for lower back pain and radicular pain, sciatic notch tenderness is present on the right side, mood showing mild anxiety. The current diagnoses are chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. The treatment to date includes medication including Oxycodone, Lyrica, and Flexeril for at least 3 months. Regarding Oxycodone 5mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Oxycodone. Regarding Lyrica 150mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Lyrica. Regarding Flexeril 10mg #60, there is no documentation of acute muscle spasm; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; a reduction in the use of medications or medical services with use of Flexeril; and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of treatment with Oxycodone for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance and/or a reduction in the use of medications or medical services with use of Oxycodone. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 5mg #90 is not medically necessary.

**Lyrica 150 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of

diagnoses of chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of neuropathic pain and treatment with Lyrica for at least 3 months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Lyrica. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 150mg #30 is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago; depressive disorder NOS; insomnia; neuralgia, neuritis, and radiculitis unspecified; arthropathy unspecified, and displacement of intervertebral disc without myelopathy. However, there is no documentation of acute muscle spasm. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flexeril. Furthermore, given documentation of records reflecting prescriptions for Flexeril since at least 11/4/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.