

Case Number:	CM14-0056952		
Date Assigned:	07/09/2014	Date of Injury:	03/27/2004
Decision Date:	12/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old female with an injury date of 03/27/04. Based on the 03/26/14 progress report provided by treating physician, the patient complains of low back pain that radiated down bilateral extremities. Physical examination to the lumbar spine revealed surgical scars, spasm, tonicity, trigger points and tenderness to palpation to the lumbar paravertebral muscles. Range of motion was restricted and limited, especially on extension 5 degrees. Patient is taking her medications as prescribed; patient states medications are working well and report no side effects. With meds pain is more tolerable and she is more functional. Patient's medications include Oxycodone, MS Contin, Flexeril, Cymbalta, Lidoderm patch, Lisinopril and Prednisone. Patient uses a TENS unit regularly and notes less muscle tension and tightness with use. Flexeril is prescribed for spasms, Oxycodone for breakthrough pain and MS Contin for baseline pain control. Flexeril, Oxycodone and MS Contin were prescribed in progress reports dated 11/06/13, 03/26/14 and 06/18/14(post UR date of 04/07/14). Patient is permanent and stationary. Diagnosis 03/26/14 is post lumbar laminectomy syndrome. The utilization review determination being challenged is dated 04/07/14. Treatment reports were provided from 11/06/13 - 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain that radiated down bilateral extremities. The request is for Flexeril 10mg #120 (1 x 4 a day as needed). Patient's diagnosis on 03/26/14 was post lumbar laminectomy syndrome. Patient uses a TENS unit regularly and notes less muscle tension and tightness with use. Patient's medications include Oxycodone, MS Contin, Flexeril, Cymbalta, Lidoderm patch, Lisinopril and Prednisone. Patient is taking her medications as prescribed. Patient states medications are working well and report no side effects. With meds pain is more tolerable and she is more functional. Patient is permanent and stationary. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Flexeril is prescribed for spasms. Medication was prescribed in progress reports dated 11/06/13, 03/26/14 and 06/18/14(post UR date of 04/07/14). Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used Cyclobenzaprine, in the form of Flexeril at least from 11/06/13 per provider's report, which is 5 months from the UR date of 04/07/14. Furthermore, the request for quantity 120 does not indicate intent for short term use. Therefore, this request is not medically necessary.

Oxycodone-APAP 10/325mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89,78.

Decision rationale: The patient presents with low back pain that radiated down bilateral extremities. The request is for Oxycodone - APAP 10/325mg #100 (1 every 4-6 hours as needed max 4). Patient's diagnosis on 03/26/14 was post lumbar laminectomy syndrome. Patient uses a TENS unit regularly and notes less muscle tension and tightness with use. Patient's medications include Oxycodone, MS Contin, Flexeril, Cymbalta, Lidoderm patch, Lisinopril and Prednisone. Patient is taking her medications as prescribed. Patient states medications are working well and report no side effects. With meds pain is more tolerable and she is more functional. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures

that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycodone is prescribed for breakthrough pain. Medication was prescribed in progress reports dated 11/06/13, 03/26/14 and 06/18/14 (post UR date of 04/07/14). In this case, provider provides a general statement that medications are working well and patient reports no side effects. However, there are no pain scales in reports and provider has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior such as UDS's, CURES. Given the lack of documentation as required by MTUS, therefore this request is not medically necessary.

MS Contin CR 30mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: The patient presents with low back pain that radiated down bilateral extremities. The request is for MS Contin CR 30MG #90 (take 1 3x a day). Patient's diagnosis on 03/26/14 was post lumbar laminectomy syndrome. Patient uses a TENS unit regularly and notes less muscle tension and tightness with use. Patient's medications include Oxycodone, MS Contin, Flexeril, Cymbalta, Lidoderm patch, Lisinopril and Prednisone. Patient is taking her medications as prescribed. Patient states medications are working well and report no side effects. With meds pain is more tolerable and she is more functional. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MS Contin is prescribed for breakthrough pain. Medication was prescribed in progress reports dated 11/06/13, 03/26/14 and 06/18/14 (post UR date of 04/07/14). In this case, provider provides a general statement that medications are working well and patient reports no side effects. However, there are no pain scales in reports and provider has not stated how MS Contin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior such as UDS's, CURES. Given the lack of documentation as required by MTUS, therefore, this request is not medically necessary.