MAXIMUS Federal Services

Case Number:	CM14-0057089		
Date Assigned:	06/16/2014	Date of Injury:	03/26/2008
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine and Emergency Medicine 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 claimant was injured on 03/26/08 and she has chronic low back pain. Medications have been requested and are under review. She saw [redacted] on 01/22/14 and had low back pain that was improved with her medication. There was no significant change from before and she had a well preserved cervical spine with no splinting. She had slight tenderness above the neck and shoulders. She had full range of motion of the shoulder with some discomfort with abduction at 160 degrees. She had a normal gait and low back tenderness. She was diagnosed with L4-L5 degenerative disc disease, central stenosis, L4-L5 lateral recess stenosis and lumbar radiculopathy with cervical sprain, depression, and anxiety. She had been on oxycodone and muscle relaxants since 2011. Flexeril and oxycodone were not approved. Weaning of the oxycodone was recommended. She saw [redacted] on 05/14/14. Her medication was helpful. She had slight tenderness on deep palpation of the trapezius and interscapular areas. Range of motion was normal, but she had pain at extreme ranges. Straight leg raise was positive on the left side at 15 degrees and on the right side at 25 degrees. She had decreased sensation in the left knee area, but intact reflexes. She was given prescriptions of Flexeril and oxycodone. She was also prescribed Celexa. On 04/16/14, she stated she had to drive for a funeral and she did not take her pain medication and she was having pain all over. Physical examination was unchanged. She received refills of the same medication. She received the same medications on 03/19/14. Authorization for her to see a spine surgeon was recommended. She also had a psychiatric AMA and had a chronic adjustment disorder. She has been taking the same medications for a prolonged period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXERS Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Flexeril. The MTUS state on p. 74 "cyclobenzaprine (Flexeril) may be recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." There is no documentation of specific benefit to the claimant from the use of this medication. No relief of spasms has been described. It is unclear whether the claimant has been involved in an ongoing exercise program to help to resolve and control her symptoms and to help maintain any benefit she gets from treatment options. The medical necessity of this medication has not been demonstrated.

OXYCODONE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN AND THE 4 A'S Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, oxycodone 10 mg, but weaning is recommended. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's patterns of use of oxycodone and objective

benefit from it have not been described. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the ongoing use of oxycodone has not been clearly demonstrated. Since she has been taking the medication for a prolonged period of time, weaning is recommended per the provider.