

<b>Case Number:</b>	CM14-0069228		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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:

This is a 51-year-old male with a 10/26/99 date of injury. The mechanism of injury was not noted. According to a progress note dated 4/24/14, the patient complained of cervical and lumbar pain and very restless sleep with pain. His medications allowed him a low level of function. Objective findings: anxious affect, patient holds his neck continually. Diagnostic impression: low back pain, cervical pain, chronic pain. This note was handwritten and difficult to decipher. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 5/7/14 modified the request for Oxycontin 40 mg from 90 tablets to 30 tablets for weaning purposes and denied the request for cyclobenzaprine 10 mg #90 with 1 refill. Regarding Oxycontin, the request was modified to avoid withdrawals while the provider submits sufficient documentation to warrant the additional 60 tablets requested. There is also no mention of the effectiveness of the Oxycontin. Regarding cyclobenzaprine, this should only be used for a period of 2-3 weeks and there is no mention of muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg #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 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. It is documented that medications only offer the patient a low level of function. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Oxycontin 40 mg #90 was not medically necessary.

**Cyclobenzaprine 10mg #90 with 1 refill:** 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 Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. It is documented in a progress note dated 10/23/13 that cyclobenzaprine was being replaced with Soma because it was not effective. According to the most recent progress reports, there is no documentation that the patient is currently utilizing cyclobenzaprine. It is unclear why this request is being made at this time. Therefore, the request for Cyclobenzaprine 10mg #90 with 1 refill was not medically necessary.