

<b>Case Number:</b>	CM14-0069392		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with a date of injury of 07/30/1998. The listed diagnosed per [REDACTED] include lumbar radiculopathy, lumbar spinal DDD, and post-lumbar laminectomy syndrome. According to a progress report on 04/02/2014, the patient presents with lower back ache. The patient is not trying any other therapies for pain relief. His current medication regimen includes Flexeril 10 mg, Voltaren 1% gel, Lidoderm 5% patch, Norco 10/325 mg, OxyContin 20 mg, Promethazine 25 mg, Cymbalta 90 mg, Nuvigil 150 mg, Trazodone 50 mg, and Wellbutrin 150 mg. The patient is taking his medication as prescribed, and he states that medications are working well. Examination of the lumbar spine revealed restrictive range of motion and on palpation paravertebral muscle spasm, tenderness and tight muscle band noted. Lumbar facet loading is positive on the right side and straight leg raising test is positive bilaterally. The physician is requesting a refill of Flexeril 10 mg #20, Norco 10/325 mg #90, and OxyContin 20 mg #90. Utilization review denied the request on 04/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg tablet; 1 tab daily PRN #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The patient reports he is able to tolerate sitting in the car for 3 hours with medication versus only 1 hour without medication. The records show this patient has been taking Flexeril since at least September 2013. The MTUS Guidelines states Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use. In this case, the physician is requesting this medication for long-term use, as such the request is not medically necessary.

**Norco 10/325mg; 1 tab 3x/day PRN #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 41-42, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** The most recent progress report from 04/02/2014 requested a refill of Norco and OxyContin. The report indicates OxyContin is used for baseline pain and Norco is used for breakthrough pain. The patient states that the current medication regimen controls his pain to a more tolerable level and allows for improved mobility. He is able to spend more hours outside of the house, whereas without the medication, he will spend most of his time indoors. MTUS Guidelines requires that a 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior. In this case, while the physician provides some information regarding the patient's function, a numeric scale is not used for pain assessment as required by MTUS Guidelines. There are no discussions regarding aberrant behavior, such as a urine drug screen, and there are no pain assessments provided to warrant the on-going use of opiates. As such, the request is not medically necessary.

**Oxycontin 20mg tablet; 1 tab 3x/day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 41-42, 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** The most recent progress report from 04/02/2014 requested a refill of Norco and OxyContin. The report indicates OxyContin is used for baseline pain and Norco is used for breakthrough pain. The patient states that the current medication regimen controls his pain to a more tolerable level and allows for improved mobility. He is able to spend more hours outside of the house, whereas without the medication, he will spend most of his time indoors. MTUS

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