

Case Number:	CM14-0069739		
Date Assigned:	06/27/2014	Date of Injury:	01/19/2006
Decision Date:	08/08/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 58-year-old male with a 1/19/06 date of injury, and C3-T1 posterior spinal fusion with C3 to C6 hardware removal on 1/10/13. At the time (3/27/14) of the UR Decision for Prospective Request: Cyclobenzaprine 10mg # 60 and Prospective Request: Oxycodone Hydrochloride 30mg #120, there is documentation of subjective (increased pain in the neck, left hand, and bilateral feet with intensity of 10/10) and objective (tenderness over bilateral mid trapezius, trigger points over the trapezius, and limited range of motion of the cervical spine and lumbar spine) findings, current diagnoses (cervical spondylosis with myelopathy, sprains and strains of lumbar region, and sciatica), and treatment to date (medications (including Cyclobenzaprine and Oxycodone since at least 8/8/13), cervical facet injections, physical therapy, and TENS). Medical reports identify that there is ongoing opioid treatment assessment. Regarding Cyclobenzaprine, there is no documentation of acute exacerbation of chronic low back pain; Cyclobenzaprine used as a second line option for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Oxycodone hydrochloride, 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 as a result of Oxycodone hydrochloride use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: Cyclobenzaprine 10mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis with myelopathy, sprains and strains of lumbar region, and sciatica. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given the documentation of ongoing treatment with Cyclobenzaprine since at least 8/8/13, there is no documentation that Cyclobenzaprine is used as a second line option for short-term treatment. Furthermore, 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 as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the Cyclobenzaprine 10mg # 60 is not medically necessary.

Prospective Request: Oxycodone Hydrochloride 30mg. #120: 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: 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. 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 cervical spondylosis with myelopathy, sprains and strains of

lumbar region, and sciatica. In addition, there is documentation of ongoing treatment with Oxycodone Hydrochloride. Furthermore, there is 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. 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 as a result of Oxycodone hydrochloride use to date. Therefore, based on guidelines and a review of the evidence, the Oxycodone Hydrochloride 30mg. #120 is not medically necessary.