MAXIMUS Federal Services

Case Number:	CM14-0079769		
Date Assigned:	07/23/2014	Date of Injury:	10/12/2009
Decision Date:	10/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has noaffiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 30 year old male with a reported injury on 10/12/2009. The mechanism of injury was not provided. The injured worker's diagnoses included degeneration of cervical intervertebral discs, degeneration of lumbar or lumbosacral intervertebral discs, thoracic or lumbosacral neuritis or radiculitis, lumbar post-laminectomy syndrome, chronic pain syndrome, sacroiliitis, myalgia and myositis. The injured worker's previous treatments included medications, physical therapy, and epidural injections. The injured worker's previous diagnostic testing included lumbar spine x-rays on 12/12/2013 and 03/11/2014, a lumbar MRI on 11/06/2013, and a CT diskogram on 08/28/2012. The injured worker's surgical history included an anterior lumbar interbody fusion at L5-S1 with polyether ether ketone cage at L5-S1 and use of left iliac crest autograft on 12/12/2013. The injured worker was evaluated on 04/10/2014 for lumbar radiculopathy where he reported his pain as 6/10, ranging from 4-9/10 in the weeks prior to visit and exacerbated by physical therapy. He also reported muscle spasms with walking, bending, lifting and twisting. His work, concentration, sleeping pattern and overall functioning were impacted by his pain. No side effects were reported. The clinician observed and reported tenderness to palpation across the lumbosacral area with a 50%restriction of flexion, negative extension, and a positive straight leg raise. The treatment plan was to return in one month for evaluation, treatment, and medication management. The injured worker's medications included Percocet 10/325 Fentanyl patch, Norco, Flexeril, docusate sodium, senna, and OxyContin. The requests were for Percocet 10/325 #120, Flexeril 10mg #90, and Senna 8.6mg #120 with 3 refills for the treatment of degeneration of cervical intervertebral discs and degeneration of lumbar or lumbosacral intervertebral discs. The request for authorization form was submitted on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #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, criteria for use Page(s): 80.

Decision rationale: The request for Percocet 10/325 #120 is not medically necessary. The injured worker complains of low back pain. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker had been taking Percocet 10/325 mg since at least 11/04/2013. The most recent documentation provided was from 04/10/2014 and indicated that the injured worker continued to have moderate to severe pain while taking the Percocet in addition to Oxycontin 20 mg twice per day. The injured worker's reported pain level has not improved since his post-surgical visit on 01/08/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request did not include a dosing frequency. Therefore, the request for Percocet 10/325 #120 is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Page(s): 41, 63.

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The injured worker reported muscle spasms with walking, bending, lifting and twisting. The California MTUS Chronic Pain Guidelines recommend Flexeril as an option, using a short course of therapy but also state that muscle relaxants in most LBP cases, show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be

brief. The addition of cyclobenzaprine to other agents is not recommended. The prescription for Flexeril was written on 04/10/2014. The injured worker had been taking Norflex 100 mg twice per day since at least 01/08/2014 and there was no stop order or stop date within the provided documentation. There is a lack of documentation indicating the injured worker's need for two muscle relaxants. Additionally, the request did not provide a dosing frequency. Therefore, the request for Flexeril 10mg #90 is not medically necessary.

Senna 8.6mg #120 with 3 refills: 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 Opioids Page(s): 77.

Decision rationale: The request for Senna 8.6mg #120 with 3 refills is not medically necessary. The injured worker did not have any reported medication side effects documented in the most recent clinical record provided for review. The California MTUS Chronic Pain Guidelines do recommend prophylactic treatment of constipation in patients taking opioids. The injured worker was taking docusate sodium twice per day without complaints of constipation. According to the note dated 04/10/2014, the Senna was ordered to be used as needed if the docusate sodium was ineffective. There is a lack of documentation which demonstrates the injured worker's need for an addition medication for constipation, as there is no indication that the docusate sodium is ineffective. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request did not include a dosing frequency. Therefore, the request for Senna 8.6mg #120 with 3 refills is not medically necessary.