

Case Number:	CM14-0087129		
Date Assigned:	07/23/2014	Date of Injury:	04/14/1998
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 47-year-old female who reported an injury on 04/14/1998. The mechanism of injury was not submitted in the documentation. The injured worker has diagnoses of late stage complex regional pain syndrome with weakness and contracture of the left upper extremity and left lower extremity, status post spinal cord stimulator implant and generator site pain. The injured worker's past medical treatment includes physical therapy and medication therapy. Medications include Flexeril 3 tablets a day, Lidocaine patches, Lidocaine ointment, Zofran 8 mg 3 times a day, Ambien 12.5 mg 1 tablet at bedtime, Norco 5/325 mg 3 times a day, Oxycontin 30 mg twice a day, ibuprofen 800 mg, Buspar 30 mg twice a day, Rozerem 8 mg daily, Seroquel 600 mg before bed, Xanax XR 2 mg 3 times a day, and Prevacid once a day. A spine x-ray was obtained on 03/01/2014. The submitted reports indicate that the injured worker has had multiple surgeries in the past, but it does not stipulate what or when. The injured worker complained of neck and low back pain, which she rated at a 5/10 to 6/10. The injured worker reported no change in her condition and continued to have limitations with most of her activities. Physical examination dated 05/07/2014 revealed that the injured worker's cervical spine/thoracic spine/lumbar spine had tenderness to palpation. Lower extremities had tenderness over the right buttock generator site. There was excessive movement of the generator within the pocket. The injured worker had weakness, contracture, and atrophy in a non-dermatomal distribution of the left upper and left lower extremity. The treatment plan is for the injured worker to continue medications which consist of OxyContin 30 mg, Ambien CR, Flexeril 10 mg, and Norco 5/325. The rationale for continuation of medications is the injured worker has concerns about having to have additional surgery and would rather continue medications then repeat surgery. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 92.

Decision rationale: The request for OxyContin 30mg #60 is not medically necessary. The injured worker complained of neck and low back pain, which she rated at a 5/10 to 6/10. The injured worker reported no change in her condition and continued to have limitations with most of her activities. The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked for. The submitted reports also failed to show efficacy of the OxyContin. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker might have had. The submitted reports did not show that the injured worker was compliant with drug screens. Furthermore, it was noted that the injured worker had been taking OxyContin since at least 01/09/2014 and long-term opioid use is not recommended. Given the above, and that the request for OxyContin lacked a frequency and duration, the request of Oxycontin 30mg #60 is not medically necessary and appropriate.

Ambien CR 12.5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

Decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting no benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The progress note dated 01/09/2014 showed that the injured worker had been taking Ambien since at least this time. The Official Disability Guidelines stipulated this medication should be short-term, generally 2 to 6 weeks. Progress not dated 01/09/2014 revealed that the injured worker had been taking Ambien since at least this time. Furthermore, the request as submitted did not stipulate a frequency or duration of the medication. Given the above, the

injured worker is not within the MTUS guideline recommendation. As such the request for Ambien CR 12.5 mg #30 is not medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

Decision rationale: The request for Flexeril 10mg #90 is not medically necessary. The California MTUS states that, Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2-3 weeks. The request submitted did not specify the duration or frequency of the medication. There was no assessment regarding functional improvement of the result of the medication. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication had been taken since at least 01/09/2014, and as per the guidelines, Flexeril is not recommended for long-term use. Given the above, the request for ongoing use of Flexeril is not supported by the California Medical Treatment Utilization Schedule Guidelines. As such, the request of Flexeril 10mg #90 is not medically necessary.

Norco 5/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management, and Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The injured worker complained of neck and low back pain, which she rated at a 5/10 to 6/10. The injured worker reported no change in her condition and continued to have limitations with most of her activities. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. The documentation submitted for review indicated that the Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain, or longevity. There was a lack of documentation regarding consistent urine drug screens. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco 5/325 mg is not supported by the California MTUS. Furthermore, the request as submitted did not stipulate a duration or frequency of the medication. As such, the request for Norco 5/325 mg #90 is not medically necessary.