

Case Number:	CM14-0089104		
Date Assigned:	09/19/2014	Date of Injury:	07/04/2010
Decision Date:	11/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in Colorado. 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 53 years old male with date of injury 7/4/2010 continues follow up with multiple treating physicians. Patient has low back pain and left lower extremity pain since injury in 2010. He has also developed depression and anxiety deemed to be the result of chronic pain issues. Per the records supplied, patient has had years of extended evaluation and treatment including physical therapy, narcotics, non-steroidal anti-inflammatory drugs, muscle relaxers, tricyclic antidepressants, Cymbalta, gabapentin, and home exercise including aquatic therapy. Patient has also undergone multiple level lumbar fusion and has diagnosis failed back syndrome. The treating physician is requesting refills on Percocet and Flexeril for ongoing pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 9-80, 85; 88-89.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months of more). When managing patients using long term opioids, the following should be

addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. Re-assessing pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. (Address diversion or procuring prescriptions from more than one provider.) Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. The exact frequency will be per provider discretion based on need. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids:

- 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids
- 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient. Per the Guidelines, Chelminski defines "serious substance misuse" as meeting ANY of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005)
- 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function.
- 4) Patient has evidence of unacceptable side effects.
- 5) Patient's pain has resolved.
- 6) Patient exhibits "serious non-adherence" (including urine drug testing negative for prescribed substances on 2 occasions).
- 7) Patient requests discontinuing opioids.
- 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction.
- 9) Document the basis for decision to discontinue opioids.

Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? While the patient of concern has taken the Percocet and Flexeril for years, pre-operatively, and restarted several months post-operatively, there is a lack of documentation indicating a functional analysis or quantifiable improvement in pain. The records do indicate that patient is not considered permanent and stationary by the treating physician because he still has so much pain at times and complains cannot swim as much as he once could. Also, included in the records for review, were 2 urine toxicology reports: One from January 2014 showing negative for Lorazepam which he was prescribed, and positive for Soma, which he was not prescribed. Next urine toxicology noted from April 2014 showing negative for Flexeril, Oxycodone or Metabolites, though patient was prescribed Flexeril and Percocet for regular dosing. That urine toxicology was also positive for

tricyclic antidepressants which patient was not prescribed at the time. The records available for review did not address the inconsistent urine toxicology results. Without evidence that patient has improved with regard to function and pain, with the opioids, and with evidence of possible non-adherence and/or diversion, the Percocet refill request is not medically indicated.

Flexeril 10MG #120: Upheld

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

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

Decision rationale: Per the Guidelines, Cyclobenzaprine (Flexeril), a centrally acting skeletal muscle relaxant is recommended for short course of therapy to alleviate spasm. Its effect is greatest in the first 4 days of use, and it is not recommended to be used more than 2-3 weeks. It has been shown to be more effective than placebo in alleviating back pain, but has undesirable side effects that limit its use, including drowsiness and dry mouth. The patient of concern has been taking Flexeril on and off for years, without documented/ quantifiable improvement in symptoms. He has currently been taking it for many months, again without evidence of improvement in pain or function. Given this medication's lack of efficacy after 2-3 weeks use and the patient's lack of objective improvement with it, the request for Flexeril is not medically indicated.