

Case Number:	CM14-0186345		
Date Assigned:	11/14/2014	Date of Injury:	05/25/2012
Decision Date:	01/02/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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, 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:

The patient is a 57 year old female with an injury date of 05/25/12. The sole report provided is the Comprehensive Medical-Legal Evaluation Report dated 11/05/14 which states that the patient presents with bilateral lower back pain right worse than left. The patient is not working. Examination reveals tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-L4, L4-L5, L5-S1 facet joints with positive lumbar spasms. Ranges of motion were restricted in all directions by pain and the following provocative maneuvers were positive on the right: Gaenslen's, Patrick's, SI compression, iliac gapping and pressure at the sacral sulcus. The remainder of examination is stated to be unchanged from the prior visit. The patient's diagnoses include: Right sacroiliac joint pain; L4-S1 lumbar decompression; lumbar post laminectomy syndrome; Status post bilateral L3-L4, L4-L5, L5-S1 facet RFA; Bilateral lumbar facet joint pain L3-L4, L4-L5, L5-S1; Lumbar facet joint arthropathy; and Chronic lower back pain. Current medications are listed as Norco and Naprosyn. The utilization review being challenged is dated 10/27/14. One report was provided from 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Oxycodone 10/325mg #60 (DOS: 10/16/14): 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 Criteria for use of Opioids Page(s): 88-89, and 78.

Decision rationale: The patient presents with bilateral lower back pain right worse than left. The treating physician requests for: Retrospective oxycodone 10/325 MG #60 (DOS 10/16/14) (an opioid). The reports provided do not show when the patient started this medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." There is limited information about the patient's medication as only one report is provided dated 11/05/14. It is not clear from this report if use of the medication is short-term or long term. The report also shows the use of Norco (Hydrocodone), but it is not known when this medication was started. The utilization review of 10/27/14 cites a Urine Drug Screen report from 04/28/14 that states hydrocodone, hydromorphone and norhydrocodone were detected. This report is not included. The treating physician states the medication was dispensed with no refills. In this case, it appears the patient is a long-term user of opioids. Pain scales are not used to assess pain; however, the treating physician does state this medication provides an 80% decrease in the patient's pain. The Oswestry Disability Index score is stated to be 28 (56% disability) with use of Oxycodone and 39 (78% disability) without. The treating physician also states that the medication improves activities of daily livings, such as self-care and dressing by 80%. Opiate management issues are addressed. The treating physician states that the patient's previous urine drug screen was consistent, there is an up to date pain contract, the medication has no adverse effects and there are no signs of aberrant behavior, misuse or abuse of the medication. The treating physician provides adequate documentation of the four A's. Therefore, this request is medically necessary.

Retrospective Cyclobenzaprine 10mg #90 (DOS: 10/16/14): 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 Cyclobenzaprine Page(s): 63.

Decision rationale: The patient presents with bilateral lower pain right worse than left. The treating physician requests for retrospective cyclobenzaprine 10 mg #90 (DOS 10/16/14). MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The treating physician states the medication is for treatment of acute spasms and was only used as needed in September and October for short-term use. The treating physician

also states cyclobenzaprine was prescribed as 10 mg o.p. t.i.d. p.r.n. and is not being used on a chronic basis. In this case, it appears that the 30 day supply of this medication exceeds the 2-3 weeks recommended by MTUS. Furthermore, the treating physician discusses use in September and the DOS for this medication is 10/16/14 that indicates even longer use than 30 days. Therefore, this request is not medically necessary.