MAXIMUS Federal Services

Case Number:	CM14-0191279		
Date Assigned:	11/25/2014	Date of Injury:	09/21/1999
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 78 year old female with an injury date on 09/21/1999. Based on the 10/27/2014 progress report provided by the treating physician, the diagnoses are:1. Chronic neck pain, degenerative cervical spondylosis2. Chronic neck pain, myofascial pain syndrome3. Pain disorder with psychological / general medical condition4. Insomnia, persistent due to chronic painAccording to this report, the patient complains of "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine." Per patient, "Increasing spasm in the neck region - feels 'under control' for the time being." The examination is unchanged from 08/17/2014 and 01/21/2014 reports. The patient continues to work part-time at [redacted]. There were no other significant findings noted on this report. The utilization review denied the request for (1) Oxycodone 5mg #60, (2) Norco 10/325mg #60 plus 1 refill for 11/23/14, (3)Flexeril 10mg #60, (4)Mobic 7.5 mg #60, and (5)Silenor on 11/10/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/21/2014 to 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/27/2014 report, this patient presents with "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine."Per this report, the current request is for Oxycodone 5mg #60. This medication was first mentioned in the 01/21/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of reports, the patient "has partial pain relief with current analgesic medicines. Her current analgesic medicines help her maximize her level of physical function and improve her quality of life." Other than these, the reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's are mentioned. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. IN this case, the treating physician has failed to properly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request is not medically necessary.

Norco 10/325mg #60 plus 1 refill for 11/23/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/27/2014 report, this patient presents with "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine."Per this report, the current request is for Norco 10/325mg #60 plus 1 refill for 11/23/2014. This medication was first mentioned in the 01/21/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of reports, the patient "has partial pain relief with current analgesic medicines. Her current analgesic medicines help her maximize her level of physical function and improve her quality of life." Other than these, the reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's are mentioned. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. In

this case, the treating physician has failed to properly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request is not medically necessary.

Flexeril 10mg #60: 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 Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 10/27/2014 report, this patient presents with "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine."Per this report, the current request is for Flexeril 10mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms.Review of available records indicate this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 01/21/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the request is not medically necessary.

Mobic 7.5 mg #60: Overturned

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 Medications for chronic pain, Anti-inflammatory medications, Non-steroidal anti-inflammatory dru.

Decision rationale: According to the 10/27/2014 report, this patient presents with "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine." Per this report, the current request is for Mobic 7.5 mg #60. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has been prescribed Mobic since 01/21/2014 and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient "has partial pain relief with current analgesic medicines. Her current analgesic medicines help her maximize her level of physical function and improve her quality of life." The request for Mobic is reasonable and consistent with MTUS guidelines. The request is medically necessary.

Silenor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 10/27/2014 report, this patient presents with "chronic NECK pain due to degenerative spondylosis of the CERVICAL spine." Per this report, the current request is for Silenor. This medication was first mentioned in the 01/21/2014 report; it is unknown exactly when the patient initially started taking this medication. Silenor (Doxepin) is used to treat insomnia (trouble sleeping) in patients who have trouble staying asleep. It may also be used for other conditions as determined by your doctor. Regarding insomnia treatments, ODG guidelines state "Recommend that treatment be based on the etiology... and specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." In reviewing the treating physician reports provided for review the physician states that the patient,"has insomnia due to chronic pain syndrome, her most effective treatment is the Silenor medicine." However, the treating physician provided no discussion on patient's sleep onset; sleep maintenance; sleep quality; and next-day functioning as required by the guidelines. Therefore, the request is not medically necessary.