

Case Number:	CM14-0193594		
Date Assigned:	12/01/2014	Date of Injury:	08/14/2004
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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:

This 48 year-old patient sustained an injury on 8/14/2004. Request(s) under consideration include one prescription of Oxycodone 10/325 mg # 60 and one prescription of Cyclobenzaprine 7.5mg # 60. Diagnoses include lumbar strain/sprain/ radiculopathy; testicular pain; sexual dysfunction, gastropathy, high blood pressure and high cholesterol. Conservative care has included medications, therapy, and modified activities/rest. Medications list Zetia, Gemfibrozil, Amlodipine, Oxycodone, Omeprazole, Cyclobenzaprine, Buspirone, Meclizine, Zolpidem, and Sertraline. The patient continues to treat for chronic ongoing symptom complaints. Report of 8/14/14 noted patient with lower back and bilateral knee pain rated at 8-9/10. Exam showed unchanged tenderness, spasm, and limited range in lumbar region with tenderness on palpation of bilateral knees. The patient has been on opioids since at least 2013 with unchanged pain rating with recommendation for weaning previously. There has been history of inconsistent urine drug testing for misuse of opioids on 5/6/14 without any change in treatment regimen. Treatment plan has continued medication refill. The request(s) for one prescription of Oxycodone 10/325 mg # 60 and one prescription of Cyclobenzaprine 7.5mg # 60 were non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone 10/325 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of utilization and compliance of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The one prescription of Oxycodone 10/325 mg # 60 is not medically necessary and appropriate.

One prescription of Cyclobenzaprine 7.5mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The one prescription of Cyclobenzaprine 7.5mg # 60 is not medically necessary and appropriate.