MAXIMUS Federal Services

Case Number:	CM14-0195731		
Date Assigned:	12/03/2014	Date of Injury:	03/26/2010
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neurology 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:

According to the medical records the patient is a 28-year-old female secretary/personal assistant who sustained an industrial injury on March 26, 2010. Mode of injury is noted to be cumulative trauma. The patient is diagnosed with chronic right low back pain, right lower extremity radicular pain with subjective weakness, MRI evidence of L4-5 and L5-S1 annular fissures component of discogenic low back pain and right sacroiliitis. Treatment to date has consisted of medications, physical therapy, and injections. The patient was seen on September 18, 2014 at which time she continued to have severe right sacro-iliac joint pain referring to the right lower extremity. The patient is continuing with her school at college. Without medications she would not been able to do what she is doing in terms of work or school. She is on OxyContin 20 mg three times a day, Oxycodone 3 to 4 times per day and Flexeril 2 to 3 times per day on an as needed basis. Request was made for pool therapy and lumbar epidural steroid injection. The patient was seen on October 17, 2014 at which time she reported medications reduce her pain from 8 to 10 to 3/10. Medications help provide functional gains by assisting her mobility. She complained of ongoing severe low back pain and tingling into the right foot. She was prescribed Cyclobenzaprine 10 mg #90, Oxycodone 10 mg #120 and OxyContin 20 mg #90. The patient is noted to be working modified duties. Utilization review was performed on November 19, 2014 at which time the request of medications were noncertified. The peer reviewer noted that the patient has been on opioid for an extended period of time and prior peer reviews have recommended weaning. It was noted that there is no indication that the prolonged use of medications has provided the patient with any significant improvement in pain and function. With regards to Flexeril, it was noted that per evidence-based guidelines chronic use of muscle relaxants is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: The patient has been prescribed opioid medications for an extended period of time and while the ongoing use of opioids is not recommended, opioids cannot be suddenly discontinued and should be weaned. As modification cannot be rendered in this peer review, the request for Oxycodone 10mg #120 is medically necessary. However, it should be noted that the patient's morphine equivalent dosage is 180 which exceeds the recommended ceiling of 120 MED by the MTUS chronic pain management guidelines. Furthermore, the guidelines specifically state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. References further state that "It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids."

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Cyclobenzaprine (Flexeril) Page(s): 63-66; 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; 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. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the patient has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 10mg #90 is not medically necessary.

OxyContin 20mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: The patient has been prescribed opioid medications for an extended period of time and while the ongoing use of opioids is not recommended, opioids cannot be suddenly discontinued and should be weaned. As modification cannot be rendered in this peer review, the request for OxyContin 20mg #90 is medically necessary. However, it should be noted that the patient's morphine equivalent is 180 which exceeds the recommended ceiling of 120 MED by the MTUS chronic pain management guidelines. Furthermore, the guidelines specifically state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. References further state that "It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids."