MAXIMUS Federal Services

Case Number:	CM15-0101490		
Date Assigned:	06/03/2015	Date of Injury:	06/26/2003
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old male, who sustained an industrial injury on 6/26/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral disc degeneration with spondylosis, failed back surgery and myofascial pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, back brace and medication management. In a progress note dated 2/3/2015, the injured worker complains of persistent low back pain, rated 5/10. Recent urine drug screen was consistent with prescribed medications. The treating physician is requesting OxyContin 60 mg #60, Norco 10/325 mg #240 and Flexeril 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 05/01/15 with lower back and leg pain. The patient's date of injury is 06/26/03. Patient is status post lumbar disc replacement at L4-5 levels on 05/05/05. The request is for Oxycontin 60MG #60. The RFA is dated 05/20/15. Progress note dated 05/01/15 does not include a comprehensive physical exam, noting only that the patient appears anxious, fidgety, presents wearing a lumbar brace, and has a "stiff" gait. The patient is currently prescribed Oxycontin, Norco, and Flexeril. Diagnostic imaging was not included. Patient's current work status is not provided. 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. In regard to the request for Oxycontin, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Oxycontin since at least 11/21/14. Per 05/01/15 progress note, the only mention of medication efficacy is "I'm about the same, low back and leg pain", it is stated that this patient's pain is 5/10, though no VAS scores with and without medications are provided. Addressing function, the same report notes that this patient is able to be independent during his ADLs and is able to drive himself without assistance. The note documents consistency with provided medications at present, however there are two instances of previously inconsistent findings. Progress note dated 02/03/15 notes the following: "UA on 12/11/14 was negative for Oxycodone. Review of the PAR was inconclusive. He states his prescription is due in 3 days and he has enough Oxycodone remaining." Progress note dated 12/11/14 also mentions another inconsistency, stating: "...his urinalysis has returned and is concordant. According to the patient, he has weaned himself off Soma and Benzodiazepines. His UDS remains positive for these two medications." These inconsistent UDS findings are not expanded upon or discussed in the subsequent reports. While this patient presents with significant unresolved chronic pain, given the lack of documented analgesia via a validated scale, an inconsistent lack of aberrant behavior, and the stated abnormalities in this patient's urine drug screening, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 05/01/15 with lower back and leg pain. The patient's date of injury is 06/26/03. Patient is status post lumbar disc replacement at L4-5 levels on 05/05/05. The request is for Norco 10/325MG #240. The RFA is dated 05/20/15. Progress note dated 05/01/15 does not include a comprehensive physical exam, noting only that the patient appears anxious, fidgety, presents wearing a lumbar brace, and has a "stiff" gait. The patient is currently prescribed Oxycontin, Norco, and Flexeril. Diagnostic imaging was not included. Patient's current work status is not provided. 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. In regard to the request for Norco, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Norco since at least 11/21/14. Per 05/01/15 progress note, the only mention of medication efficacy is "I'm about the same, low back and leg pain", it is stated that this patient's pain is 5/10, though no VAS scores with and without medications are provided. Addressing function, the same report notes that this patient is able to be independent during his ADLs and is able to drive himself without assistance. The note documents consistency with provided medications at present, however there are two instances of previously inconsistent findings. Progress note dated 02/03/15 notes the following: "UA on 12/11/14 was negative for Oxycodone. Review of the PAR was inconclusive. He states his prescription is due in 3 days and he has enough Oxycodone remaining." Progress note dated 12/11/14 also mentions another inconsistency, stating: "...his urinalysis has returned and is concordant. According to the patient, he has weaned himself off Soma and Benzodiazepines. His UDS remains positive for these two medications." These inconsistent UDS findings are not re-visited or discussed in the subsequent reports. While this patient presents with significant unresolved chronic pain, given the lack of documented analgesia via a validated scale, an inconsistent lack of aberrant behavior, and the stated abnormalities in this patient's previous urine drug screening, continuation cannot be substantiated. Therefore, the request IS NOT medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 05/01/15 with lower back and leg pain. The patient's date of injury is 06/26/03. Patient is status post lumbar disc replacement at L4-5 levels on 05/05/05. The request is for Flexeril 10MG #90. The RFA is dated 05/20/15. Progress note dated 05/01/15 does not include a comprehensive physical exam, noting only that the patient appears anxious, fidgety, presents wearing a lumbar brace, and has a "stiff" gait. The patient is currently prescribed Oxycontin, Norco, and Flexeril. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 63- 66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions."In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Cyclobenzaprine since sometime before 02/03/15, as the progress note specifies a refill. Guidelines indicate that muscle relaxants such as Cyclobenzaprineare considered appropriate for acute exacerbations

of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine

for longer than 2 to 3 weeks, the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.