

Case Number:	CM15-0162129		
Date Assigned:	08/28/2015	Date of Injury:	09/24/2002
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 54 year old male, who sustained an industrial injury on 9-24-2002. He reported shoulder pain. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical degeneration, left brachial neuritis or radiculitis, left shoulder strain and sprain, adhesive capsulitis of shoulder. Treatment to date has included medications, cervical spine surgery (11-1-2014), x-rays of the cervical spine (2-18-2015), and magnetic resonance imaging. The request is for Oxycontin, Norco, Flexeril and physical therapy. The records indicate he has been utilizing Norco, Flexeril, and Oxycontin since at least May 2014, possibly longer. On 2-18-2015, he reported neck pain rated 7 out of 10. He indicated he was doing better after having had surgery. He reported that his symptoms in the left arm remain the same and rated the pain 5-7 out of 10. He also reported continuing to have headaches. He continues to use Oxycontin, Norco, and Flexeril. Physical findings revealed decreased muscle strength in the left upper extremity. The treatment plan included: weaning off the cervical collar, increasing activity as tolerated, physical therapy, and follow up in 3 months. On 2-19-2015, he reported his symptoms have remained the same since his previous visit. Trigger points in the cervical spine area are noted on physical examination. The treatment plan included refilling Oxycontin, Flexeril, and Norco. On 5-13-2015, he reported worsened neck pain. He is reported to have not had physical therapy to date. He reported missing physical therapy start and will reschedule. He indicated he is taking his medications as prescribed. His medications are: Oxycontin, Flexeril, and Norco. Physical examination revealed tenderness in the upper trapezial muscles in the left shoulder area, decreased cervical spine range of motion. The treatment plan included: refilling

Flexeril, Oxycontin, and Norco. His work status is noted to be a maintenance case. On 6-14-2015, he is off duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril); MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 63-66, 1, 8-9, 41-42.

Decision rationale: Per the CA MTUS, Cyclobenzaprine (Flexeril) is an antispasmodic muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Flexeril is recommended for a short course therapy. There is limited, mixed evidence that does not allow for recommendation for chronic use. The CA MTUS states, Flexeril is recommended as an option, using a short course of therapy. 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the patient has been utilizing Flexeril since at least May 2014, with no noted benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Flexeril is not medically necessary.

Oxycontin 40mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycodone (Oxycontin) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no discussion of functional status, appropriate medication use, or side effects. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycontin is not medically necessary.

Norco 10-325 QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or

increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Physical therapy QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed a total of 12 physical therapy sessions. There is no documentation indicating that he had a defined functional improvement in his condition. There is no specific indication for the requested additional PT sessions. Medical necessity for the requested item has not been established. The requested item is not medically necessary.