

Case Number:	CM15-0162469		
Date Assigned:	08/28/2015	Date of Injury:	08/21/2009
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
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: 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 35 year old male, who sustained an industrial injury on 8-21-2009. Diagnoses include status post lumbar fusion, lumbosacral or thoracic radiculopathy, and status post cervical fusion. Treatment to date has included surgical intervention (posterior laminectomy and fusion L5-S1, 10-30-2014, cervical C3-4 anterior discectomy and fusion, 2013, and right shoulder arthroscopic surgery and SLAP repair, 2010), diagnostics, injections, physical therapy, medications and bracing. Per the Primary Treating Physician's Progress Report dated 7-15-2015, the injured worker reported persistent back pain and bilateral hip pain. He also reported bilateral leg pain and cramping in the calves with numbness on the right foot laterally as well as on the left side and not the proximal screws. Objective findings included mild pain upon palpation of the lumbar spine with diminished range of motion. He has normal strength and balance in the bilateral lower extremities but has pain upon testing distally. He was prescribed Norco and Valium on 7-01-2015. The plan of care included medication management. Authorization was requested for Percocet 10-325mg #180 and Cyclobenzaprine 10mg #9. On 8-11-2015, Utilization Review modified the request for Percocet 10-325mg #180 for weaning and non-certified the request for Cyclobenzaprine 10mg #90 for lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1-2 per day as needed to maximum of 6/day (Rx 07/30/15) #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with bilateral low back pain, with bilateral lower extremities paraesthesias and neck pain. He says he has pain bilateral hips, back and legs. The request is for PERCOCET 10/325MG 1-2 PER DAY AS NEEDED TO MAXIMUM OF 6/DAY (RX 07/30/15) #180. The request for authorization is not provided. The patient is status post lumbar fusion, 10/30/14. MRI of the lumbar spine, 03/17/15, shows interval posterior decompression and fusion L5-S1 slightly greater anterolisthesis but no central spinal canal compromise; L4-5 central disc protrusion likely unchanged since prior study but there appears to have been some degree of posterior decompression. Physical examination of the cervical spine reveals tenderness to palpation over paraspinal musculature from C3 to C7. Tenderness and tightness across bilateral trapezii. Right shoulder tender to palpation diffusely, all ROM 40% restricted by guarding and soreness with palpable crepitus. Exam of lumbar spine reveals pain with palpation at L4-S1 levels. All hip movement elicits mild pain. Bilateral radicular pain down posterior of both legs with hyposthesia in both feet, lateral sides, capturing L5 and S1 dermatomes. The patient to continue with all conservative treatment measures. The patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per progress report dated 07/01/15, treater's reason for the request is "reduction of pain, increased activity tolerance, and restoration of partial overall functioning." The patient has been prescribed Percocet since at least 06/01/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing significant pain reduction with use of Percocet. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES report, or opioid contract are provided for review. In this case, the treater has not discussed and documented all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 10mg 3 times daily (Rx 07/30/15) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with bilateral low back pain, with bilateral lower extremities paraesthesias and neck pain. He says he has pain bilateral hips, back and legs. The request is for CYCLOBENZAPRINE 10MG 3 TIMES DAILY (RX 07/30/15) #90. The request for authorization is not provided. The patient is status post lumbar fusion, 10/30/14. MRI of the lumbar spine, 03/17/15, shows interval posterior decompression and fusion L5-S1 slightly greater anterolisthesis but no central spinal canal compromise; L4-5 central disc protrusion likely unchanged since prior study abut there appears to have been some degree of posterior decompression. Physical examination of the cervical spine reveals tenderness to palpation over paraspinal musculature from C3 to C7. Tenderness and tightness across bilateral trapezii. Right shoulder tender to palpation diffusely, all ROM 40% restricted by guarding and soreness with palpable crepitus. Exam of lumbar spine reveals pain with palpation at L4-S1 levels. All hip movement elicits mild pain. Bilateral radicular pain down posterior of both legs with hyposthesia in both feet, lateral sides, capturing L5 and S1 dermatomes. The patient to continue with all conservative treatment measures. The patient's work status is not provided. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Treater does not specifically discuss this medication. In this case, the patient has been prescribed Cyclobenzaprine since at least 07/01/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.