

Case Number:	CM15-0163342		
Date Assigned:	08/31/2015	Date of Injury:	11/04/1999
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/20/2015

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 41 year old female, who sustained an industrial injury on November 4, 1999. Treatment to date has included topical pain patches, opioid medications, and home exercise program. Currently, the injured worker complains of pain in the bilateral wrists. She describes the pain as sharp, dull, aching, throbbing, pins and needles, stabbing, numbness, pressure, electrical shooting, burning, stinging, cramping, numbness, weakness and spasm. She rates her pain an 8 on a 10-point scale. Her pain is aggravated by heat, cold, sitting and standing and relieved by medications and massage. On physical examination, the injured worker has mild bilateral tenderness to palpation of the cervical paraspinal muscles. She has tenderness to palpation over the lumbar paraspinal muscles with spasm. She has decreased right handgrip and decreased sensation to pinprick of the entire right upper extremity. The diagnoses associated with the request include degenerated disc disease of the lumbar spine, neck sprain-strain, possible thoracic outlet syndrome and reflex sympathetic dystrophy. The treatment plan includes Topamax, OxyContin, Oxycodone, Flector patch, Trazodone, and Cyclobenzaprine; continued home exercise program; continued topical compound medications and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #60: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the bilateral wrists, rated 8-9/10. The request is for OXYCODONE HCL 30MG #60. Per 04/15/15 progress report, patient's diagnosis includes degenerative disc disease, lumbar; sprain/strain, neck; thoracic outlet syndrome, and reflex sympathetic dystrophy. Patient's medications, per 08/14/15 progress report include Oxycontin, Oxycodone, Topamax, Flector Patch, Trazodone, Cyclobenzaprine, and Topical Gaba/Lido/Keta Gel. Patient's work status was not specified. 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p 90, maximum dose for Hydrocodone, 60mg/day. The treater has not discussed this request. No RFA was provided either. The utilization review letter dated 08/04/15 modified the request to #34, recommending tapering. Review of the medical records provided indicates that Oxycodone was included in patient's medications from 02/18/15 through 08/14/15. In this case, treater has not stated how Oxycodone significantly improves patient's activities of daily living. There are no discussions in regards to analgesia, specifically showing significant pain reduction with use of Oxycodone. While UDS results are current and consistent with patient's medications, CURES report is not provided. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Oxycontin 80mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Weaning, opioids.

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

Decision rationale: The patient presents with pain in the bilateral wrists, rated 8-9/10. The request is for OXYXONTIN 80MG #120. Per 04/15/15 progress report, patient's diagnosis includes degenerative disc disease, lumbar; sprain/strain, neck; thoracic outlet syndrome, and

reflex sympathetic dystrophy. Patient's medications, per 08/14/15 progress report include Oxycontin, Oxycodone, Topamax, Flector Patch, Trazodone, Cyclobenzaprine, and Topical Gaba/Lido/Keta Gel. Patient's work status was not specified. MTUS Guidelines CRITERIA FOR USE OF OPIOIDS, 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. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not specifically discuss this request; no RFA was provided either. The utilization review letter dated 08/04/15 modified the request to #72, recommending a taper. Review of the medical records provided indicates that the patient has been utilizing Oxycontin since at least 02/18/15. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS results from 07/23/15 are consistent with patient's medications, there are no CURES; no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Flector 1.3% patch #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with pain in the bilateral wrists, rated 8-9/10. The request is for FLECTOR 1.3% PATCH #120. Per 04/15/15 progress report, patient's diagnosis includes degenerative disc disease, lumbar; sprain/strain, neck; thoracic outlet syndrome, and reflex sympathetic dystrophy. Patient's medications, per 08/14/15 progress report include Oxycontin, Oxycodone, Topamax, Flector Patch, Trazodone, Cyclobenzaprine, and Topical Gaba/Lido/Keta Gel. Patient's work status was not specified. Regarding topical NSAIDs, MTUS Guidelines, Pages 111-113, under Topical Analgesics section states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In

addition, there is no data that substantiate Flector efficacy beyond two weeks. The treater has not specifically discussed this request; no RFA was provided either. Review of the medical records provided indicates that Flector Patch 1.3% was included in patient's prescribed medications from 02/18/15 through 08/4/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, ODG guidelines do not support the use of Flector beyond two weeks. The request for Flector Patch #120, in addition to prior use of this medication would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine HCL 10mg #240: 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): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the bilateral wrists, rated 8-9/10. The request is for CYCLOBENZAPRINE HCL 10MG #120. Per 04/15/15 progress report, patient's diagnosis includes degenerative disc disease, lumbar; sprain/strain, neck; thoracic outlet syndrome, and reflex sympathetic dystrophy. Patient's medications, per 08/14/15 progress report include Oxycontin, Oxycodone, Topamax, Flector Patch, Trazodone, Cyclobenzaprine, and Topical Gaba/Lido/Keta Gel. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." Treater has not discussed this request and no RFA was provided either. Review of the medical records provided indicates that Cyclobenzaprine was included in patient's medications from 02/18/15 through 08/4/15. In this case, the treater has not documented how this medication reduces pain and improves function. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the current request for 120 tablets, in addition to prior use does not imply short-term therapy. Therefore, the request IS NOT medically necessary.