

<b>Case Number:</b>	CM15-0163655		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 49 year old male, who sustained an industrial injury on December 6, 2010. Treatment to date has included acupuncture therapy, aquatic therapy, TENS unit, physical therapy, ice therapy, opioid medications, and diagnostic imaging. Currently, the injured worker complains of pain in the low back, the mid back, the upper back and the neck. He reports that his pain radiates from to the back to the left leg and he has associated numbness of the left leg. He has pain, burning and numbness in the left arm and notes that his back pain is made worse with bending. His pain wakes him at night. The injured worker's pain is aggravated by twisting and his headaches are aggravated by activity. On physical examination, the injured worker has tightness of the trapezius muscles and has tenderness to palpation along the occipital ridge of the neck. He has pain in the lower back area and positive straight leg raise. The injured worker has weakness in the left arm and tenderness when raising his left shoulder. The diagnoses associated with the request include chronic pain syndrome, post-concussion syndrome, lumbar degenerative disc disease, and lumbar radiculopathy. The treatment plan includes Nucynta, Oxycodone, Flexeril and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg, Qty: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64.

**Decision rationale:** The current request is for Flexeril 5mg, Qty: 90. Treatment to date has included acupuncture therapy, aquatic therapy, TENS unit, physical therapy, ice therapy, opioid medications, and diagnostic imaging. The patient is not working. MTUS pg. 64, Muscle relaxants for pain Section states that 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)" This medication is not recommended to be used for longer than 2-3 weeks." Per report 07/07/15, the patient presents with pain in the low back, the mid back, the upper back and the neck. He reports that his pain radiates from the back to the left leg. He also has burning and numbness with pain in the left arm to his elbow. The patient reports that pain is reduced from 10/10 to 4-6/10 with medications. CURES is consistent, UDS is randomly administered, and no side effects were noted. This appears to be an initial request for Flexeril as prior reports do not discuss this medication. MTUS recommends Fexmid, only for a short period (no more than 2-3 weeks) and the requested quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Nucynta ER 150mg, Qty: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Nucynta ER 150mg, Qty: 30. Treatment to date has included acupuncture therapy, aquatic therapy, TENS unit, physical therapy, ice therapy, opioid medications, and diagnostic imaging. The patient is not working. MTUS, 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Per report 07/07/15, the patient presents with pain in the low back, the mid back, the upper back and the neck. He reports that his pain radiates from the back to the left leg. He also has burning and numbness with pain in the left arm to his elbow. The patient has been prescribed Nucynta since at least 02/15/15. The patient reports that pain is reduced from 10/10 to 4-6/10 with medications. CURES is consistent, UDS is randomly administered, and no side effects were noted. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document functional improvement with utilizing long term opiate. The required 4A's have been partially met. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Oxycodone 30mg, Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone immediate release Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Oxycodone 30mg, Qty 60. Treatment to date has included acupuncture therapy, aquatic therapy, TENS unit, physical therapy, ice therapy, opioid medications, and diagnostic imaging. The patient is not working. MTUS, 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Per report 07/07/15, the patient presents with pain in the low back, the mid back, the upper back and the neck. He reports that his pain radiates from the back to the left leg. He also has burning and numbness with pain in the left arm to his elbow. The patient has been prescribed Oxycodone since at least 02/15/15. The patient reports that pain is reduced from 10/10 to 4-6/10 with medications. CURES is consistent, UDS is randomly administered, and no side effects were noted. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document functional improvement with utilizing long term opiate. The required 4A's have been partially met. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Oxycodone 20mg, Qty: 20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone immediate release.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Oxycodone 20mg, Qty: 20. Treatment to date has included acupuncture therapy, aquatic therapy, TENS unit, physical therapy, ice therapy, opioid medications, and diagnostic imaging. The patient is not working. MTUS, 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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Per report 07/07/15, the patient presents with pain in the low back, the mid back, the upper back and the neck. He reports that his pain radiates from the back to the left leg. He also has burning and numbness with pain in the left arm to his elbow. The patient has been prescribed Oxycodone since at least 02/15/15. The patient reports that pain is reduced from

10/10 to 4-6/10 with medications. CURES is consistent, UDS is randomly administered, and no side effects were noted. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document functional improvement with utilizing long term opiate. The required 4A's have been partially met. This request is not medically necessary and recommendation is for slow weaning per MTUS.