MAXIMUS Federal Services

Case Number:	CM15-0165723		
Date Assigned:	09/03/2015	Date of Injury:	02/01/2013
Decision Date:	10/08/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 27-year-old male with a February 1, 2013 date of injury. A progress note dated July 13, 2015 documents subjective complaints (lower back pain radiating down the left lateral leg to the knee; pain associated with numbness, tingling, and weakness of the left leg; left foot pain; pain rated at a level of 7 out of 10, 9 out of 10 at its worst and 6 out of 10 at its best), objective findings (restricted range of motion of the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles on the left; positive straight leg raise on the left; decreased sensation to light touch over the medial thigh and lateral thigh on the left), and current diagnoses (lumbar radiculopathy; lumbar degenerative disc disease; lower back pain). Treatments to date have included acupuncture with no pain relief, physical therapy with no pain relief, transcutaneous electrical nerve stimulator unit with mild pain relief, epidural steroid injection in 2014 with moderate pain relief, magnetic resonance imaging of the lumbar spine (November 22, 2013; showed degenerative disc disease; L4-5 disc protrusion impinging upon descending left L5 nerve root; facer degenerative joint disease; central canal stenosis at L4-5), magnetic resonance imaging of the lumbar spine (June 16, 2014; showed no interval changes), and medications. The treating physician documented a plan of care that included Flexeril 10mg #60, Dilaudid 2mg #120, and Morphine Sulfate ER 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Flexeril 10mg: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain radiating down both legs. The request is for 60 TABLETS OF FLEXERIL 10MG. The request for authorization is not provided. Physical examination of the lumbar spine reveals range of motion is restricted and limited by pain. On palpation, paravertebral muscles, tenderness is noted on the left side. Straight leg raising is positive on the left side. On sensory examination, light touch sensation is decreased over medial thigh, lateral thigh on the left side. Patient's medications include Dilaudid, Flexeril, Morphine Sulfate, Effexor, Geodon, and Prilosec. Per progress report dated 08/31/15, the patient is permanent and stationary. MTUS, Muscle relaxants for pain Section, pg 64 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 progress report dated 08/31/15, treater's reason for the request is "Decrease pain from muscle spasms from 7/10 to 4/10. He is able to sleep better at night, and has improved ROM during the day with fewer spasms." Patient has been prescribed Flexeril since at least 07/13/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional 60 tablets of Flexeril would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

120 tablets of Dilaudid 2mg: 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, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating down both legs. The request is for 120 TABLETS OF DILAUDID 2MG. The request for authorization is not provided. Physical examination of the lumbar spine reveals range of motion is restricted and limited by pain. On palpation, paravertebral muscles, tenderness is noted on the left side. Straight leg raising is positive on the left side. On sensory examination, light touch sensation is decreased over medial thigh, lateral thigh on the left side. Patient's medications include Dilaudid, Flexeril, Morphine Sulfate, Effexor, Geodon, and Prilosec. Per progress report dated 08/31/15, the patient is permanent and stationary. 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, p77, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." Per progress report dated 08/31/15, treater's reason for the request is "Reduces pain from 9/10 to 7/10. He states that with the help of medications, he is able to do things like care for his child, go grocery shopping, and cook." Patient has been prescribed Dilaudid since at least 07/13/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Dilaudid significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing pain reduction with use of Dilaudid. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. A UDS dated 07/13/15 is provided for review. Treater has documented some but not all of the 4A's as required by MTUS. Nevertheless, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

90 tablets of Morphine Sulfate ER 15mg: 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, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating down both legs. The request is for 90 TABLETS OF MORPHINE SULFATE ER 15MG. The request for authorization is not provided. Physical examination of the lumbar spine reveals range of motion is restricted and limited by pain. On palpation, paravertebral muscles, tenderness is noted on the left side. Straight leg raising is positive on the left side. On sensory examination, light touch sensation is decreased over medial thigh, lateral thigh on the left side. Patient's medications include Dilaudid, Flexeril, Morphine Sulfate, Effexor, Geodon, and Prilosec. Per progress report dated 08/31/15, the patient is permanent and stationary. 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, p77, 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." Per progress report dated 08/31/15, treater's reason for the request is "Reduces pain from 9/10 to 7/10. He states that with the help of medications, he is able to do things like care for his child, go grocery shopping, and cook." Patient has been prescribed Morphine Sulfate since at least 07/13/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Morphine Sulfate significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing pain reduction with use of Morphine Sulfate. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. A UDS dated 07/13/15 is provided for review. Treater has documented some but not all of the 4A's as required by MTUS. Nevertheless, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.