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| Case Number: | CM15-0165740 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 09/05/2007 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 08/13/2015 |
| 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:

The injured worker is a 52-year-old female, who sustained an industrial injury on September 5, 2007. The injured worker was diagnosed as having lumbar radiculopathy, lumbar herniated disc, lumbar stenosis, lumbar spondylosis, lumbar degenerative disc disease (DDD) and lumbago. Treatment to date has included transforaminal epidural steroid injection, physical therapy, acupuncture and medication. A progress note dated July 10, 2015 provides the injured worker complains of worsening neck and back pain radiating to the arms and legs. She reports having to go to the hospital due to pain. She rates her neck pain as 5 out of 10 and back pain as 7 out of 10. Physical exam notes lumbar and sacroiliac tenderness to palpation, positive straight leg raise and use of a front wheeled walker. Old magnetic resonance imaging (MRI) was reviewed. The plan includes medication changes and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 tablet Q8 hours PRN #90 dispensed no refills: 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 52-year-old patient complains of low back pain, rated at 7/10, radiating to bilateral buttocks and lower extremities, and neck pain, rated at 5/10, radiating to bilateral shoulders and upper extremities, as per progress report dated 07/10/15. The request is for Percocet 10/325mg 1 tablet q8 hours prn #90 dispensed no refills. The RFA for this case is dated 07/10/15, and the patient's date of injury is 09/05/07. Diagnoses, as per progress report dated 07/10/15, included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis, lumbar disc degenerative disease, and lumbago. Current medications included Cymbalta, Flexeril, Tylenol # 3, and Lunesta. The reports do not document the patient's work status. 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 4A's (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." In this case, the request for Percocet is first noted in progress report dated 06/05/15. In progress report dated 07/02/15, the treater states that the patient was taking Tylenol until now. The medication was switched to provide "better pain control." Apart from Tylenol # 3, the patient has also taken Tramadol, Nucynta and Hydrocodone in the past. UDS report, dated 06/05/15, is consistent, as per progress report dated 07/10/15. As per progress report dated 01/02/15, Nucynta helped reduce the patient's pain by 50% and "increased her ability to do household chores" without any side effects. The treater, however, does not provide the impact of opioids on specific ADLs before and after opioid use in the past. No CURES reports are available for review. MTUS requires a clear documentation regarding impact of opioids on 4A's, including analgesia, ADL's, adverse side effects, and aberrant behavior, for continued use. Additionally, MTUS p 80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." 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." Hence, the request is not medically necessary.

Flexeril 10mg 1 bid prn #60 tablets dispensed no refills: 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 52-year-old patient complains of low back pain, rated at 7/10, radiating to bilateral buttocks and lower extremities, and neck pain, rated at 5/10, radiating to bilateral shoulders and upper extremities, as per progress report dated 07/10/15. The request is for Flexeril 10mg 1 bid prn #60 tablets dispensed no refills. The RFA for this case is dated 07/10/15, and the patient's date of injury is 09/05/07. Diagnoses, as per progress report dated 07/10/15, included lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis, lumbar disc degenerative disease, and lumbago. Current medications included Cymbalta, Flexeril, Tylenol # 3, and Lunesta. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section 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. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "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. In this case, a prescription for Flexeril is first noted in progress report dated 03/06/15, and the patient has been taking the medication "for muscle spasms" since then. It is not clear, if this is the first prescription for this medication or if the patient has used it in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of Flexeril beyond a 2 to 3 week period. Hence, the request is not medically necessary.