

Case Number:	CM15-0169121		
Date Assigned:	09/09/2015	Date of Injury:	07/03/2001
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 51 year old male, who sustained an industrial injury on July 3, 2001. The diagnoses have included low back pain, lumbar degeneration of lumbar or lumbosacral intervertebral disc, lumbago, morbid obesity, adjustment disorder with mixed anxiety, depression, hypotestosterone secondary to opioid therapy and post-laminectomy syndrome of the lumbar spine. Work status was not identified. Medical records dated 6-24-2015 and 4-22-2015 noted that the injured workers musculoskeletal examination revealed hot joints. Neurological examination revealed motor strength of the upper and lower extremities to be normal. The injured workers pain level was noted to be a 3-4 out of 10 on the visual analogue scale on 6-24-2015. Treatment and evaluation to date has included radiological studies, urine drug screen, home exercise program, physical therapy, epidural steroid injections, spinal cord stimulator implantation and removal and a lumbar laminectomy. Current medications include Robaxin, MC Contin, Zestril, Testosterone Cypionate oil and Oxycodone HCL. The injured worker was noted to be on the current medication regime since at least December of 2013. The treating physician's request for authorization dated August 7, 2015 included requests for Robaxin 500 mg # 90, Oxycodone IR 5 mg # 120 and MS Contin 30 mg # 120. The original Utilization Review dated August 14, 2015 non-certified the request for Robaxin 500 mg # 90 due to lack of documentation of muscle spasms in this injured worker and his response to the long-term use of the medication. Utilization Review non-certified the requests for Oxycodone IR 5 mg # 120 and MS Contin 30

mg # 120 due to lack of objective documentation of pain relief and functional improvement with the continued use of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Robaxin 500mg: 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: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". The medical records indicate that Methocarbamol has been prescribed since at least 12/2013, which exceeds what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for 90 tablets of Robaxin 500mg is not medically necessary.

120 tablets of Oxycodone immediate release 5mg: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain

over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be in excess of MTUS recommendations. As such the request for 120 tablets of Oxycodone immediate release 5mg is not medically necessary.

120 tablets of MS Contin 30mg: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be in excess of MTUS recommendations. As such the request for 120 tablets of MS Contin 30mg is not medically necessary.