

Case Number:	CM15-0193143		
Date Assigned:	10/07/2015	Date of Injury:	03/26/2010
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 29 year old female who sustained an industrial injury on 3-26-10. A review of the medical records indicates she is undergoing treatment for lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, disorder of the back, and hip pain. Medical records (2-3-15 to 8-5-15) indicate ongoing complaints of "severe" right low back pain and tingling in the right foot. She is noted to have had a "severe exacerbation" after an exercise session approximately one month prior to the 8-5-15 progress report. The treating provider indicates "she states she is much better now". The injured worker reports that medications "reduce her pain levels from 8 out of 10 to 3 out of 10". The physical exam (8-5-15) reveals lumbar range of motion as follows: lateral flexion to the left - 15 degrees and the right - 15 degrees, rotation to the left - 35 degrees and the right - 25 degrees, flexion - 50 degrees, and extension - 5 degrees. Pain is noted with motion. Tenderness to palpation is noted over the paraspinal region at L4. Motor strength is noted "5 out of 5" in all tests. The treating provider cites the utilization review denial of "all her medications, behavioral pain management, and detox program". The report indicates that she has "been receiving OxyContin since at least 11-26-12 without significant improvements in pain and function that would justify long term use". The treating provider indicates that the "medication reduces her pain levels by nearly 60%. This amount of pain control is significant by any measure. The medications assist her in remaining on the job and attending university classes". The provider also states "we submit that it is appropriate to continue the medications because she is working and because the medications provide substantial functional benefits with no untoward side

effects". A signed pain agreement is noted (8-5-15). Her current (8-5-15) medications include Oxycodone 10mg, 1 tablet 5-6 times a day as needed for pain, OxyContin 20mg ER, 1 tablet three times daily, and Cyclobenzaprine 7.5mg, 1 tablet 1-2 times per day as needed for spasm. The utilization review (9-1-15) indicates requests for 180 oxycodone 10mg, 90 OxyContin 20mg ER, and 60 Cyclobenzaprine 7.5mg. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: This 29 year old female has complained of low back pain and hip pain since date of injury 3/26/2010. She has been treated with physical therapy and medications to include opioids since at least 03/2015. The current request is for Oxycodone 10 mg # 180. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone 10 mg is not medically necessary.

90 Oxycontin 20mg extended release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: This 29 year old female has complained of low back pain and hip pain since date of injury 3/26/2010. She has been treated with physical therapy and medications to include opioids since at least 03/2015. The current request is for Oxycontin 20 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin 20 mg is not medically necessary.

60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: This 29 year old female has complained of low back pain and hip pain since date of injury 3/26/2010. She has been treated with physical therapy and medications to include cyclobenzaprine since at least 03/2015. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not medically necessary for this patient.