

<b>Case Number:</b>	CM15-0195556		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 4-20-2002. The injured worker was diagnosed as having sprain of neck, sprain lumbar region, and cervical disc displacement. Treatment to date has included diagnostics and medications. On 7-31-2015, the injured worker reported that his lumbar spine "feels slightly better due to the fact he has been having a light work schedule". His work status was permanent and stationary. He reported pain rating at 3-4 out of 10 (rated 6 out of 10 on 7-13-2015, not rated on 5-29-2015) and stated that activities of daily living caused pain level to increase. Exam of the lumbar spine noted decreased range of motion, tightness and spasm in the paraspinal musculature bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle L5 and S1 bilaterally, and weakness with big toe dorsiflexion and flexion bilaterally. Sleep hygiene was not currently noted, but the progress report dated 5-29-2015 did note complaints of difficulty sleeping due to pain and discomfort in the lumbar spine. Medications were renewed Oxycodone, Meloxicam, Restoril, Flexeril, and Prilosec). The use of Restoril and Flexeril was noted since at least 3-23-2015 and Oxycontin was "renewed" on 5-29-2015. Urine toxicology was noted, results not documented. Per the Request for Authorization dated 7-31-2015, the treatment plan included Oxycodone 10mg #90, Restoril 15mg #30 with 2 refills, and Flexeril 10mg #90 with 2 refills, non-certified by Utilization Review on 9-08-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #90:** Upheld

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

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

**Decision rationale:** The request for oxycodone is not medically necessary. The patient has been taking oxycodone for chronic back pain. The chart does not provide any documentation of improvement in function with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented evidence of objective functional gains with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The request is not medically necessary.

**Restoril 15mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** The request for Restoril is not medically necessary. Restoril is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. The patient has been on Restoril since 3/2015. Functional improvement is not documented. Therefore, the request is not medically necessary.

**Flexeril 10mg #90 with 2 refills:** Upheld

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

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

**Decision rationale:** The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is no documentation of objective improvement in function. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is not medically necessary.