

Case Number:	CM15-0197475		
Date Assigned:	10/12/2015	Date of Injury:	11/18/1999
Decision Date:	11/24/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/07/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male who sustained a work-related injury on 11-18-99. Medical record documentation on 9-22-15 revealed the injured worker was being treated for cervical radiculopathy, lumbar facet syndrome-spondylosis, and shoulder joint pain. He reported pain in the neck with radiation of pain to the bilateral shoulders, bilateral upper extremities, thoracic back and low back. The pain was rated a 4 on a 10-point scale at best (4 on 8-24-15), a 9 on a 10-point scale at worst (8 on 8-24-15) and a 7 on a 10-point scale on average (6 on 8-24-15). His pain impaired chores, exercise, recreation and hobbies. He tried and failed heat therapy, ice therapy and massage therapy. A cervical epidural steroid injection on 9-17-15 provided approximately 75% relief with ongoing relief noted. His pain medications included Percocet (since at least 2-4-15) and cyclobenzaprine (2-4-15). He reported that his pain is moderately controlled. His most severe pain was located in the cervical region and he rated his current pain a 7 on a 10-point scale (6 on 8-24-15). Objective findings included midline cervical spine tenderness with palpation and cervical paravertebral muscle spasm. He had pain with cervical range of motion and with cervical facet loading bilaterally. He had thoracic spine paravertebral muscle spasm and lumbosacral spine midline tenderness upon palpation of the lumbar spine. He had lumbar paravertebral muscle spasm noted and pain with lumbar range of motion and facet loading. He had decreased bilateral shoulder range of motion and tenderness to palpation over the anterior aspect of the shoulders. On 10-3-15, the Utilization Review physician determined cyclobenzaprine HCL 10 mg #60 was not medically necessary and modified Oxycodone-Acetaminophen 10-325 mg #120 to Oxycodone-Acetaminophen 10-325 mg #96.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCl 10mg #60: 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): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 8/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed.

Oxycodone- Acetaminophen 10/325mg #120: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide

a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither recent documentation to support the medical necessity of Oxycodone/APAP nor any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS collected 7/16/14 was consistent with prescribed medications. CURES report dated 1/7/15 was appropriate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.