

<b>Case Number:</b>	CM15-0206058		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 York

Certification(s)/Specialty: Internal 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 29 year old female, who sustained an industrial injury on 3-26-2010. The medical records indicate that the injured worker is undergoing treatment for lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and hip pain. According to the progress report dated 9-2-2015, the injured worker presented with complaints of severe pain in her low back and tingling in her right foot. She reports that medications reduce her pain levels from 8 out of 10 to 3 out of 10. The treating physician stated that the "medications do help with the pain and provide functional gains by assisting her with work duties, school, mobility, activities of daily living, and restorative sleep". The physical examination of the lumbar spine did not reveal any significant findings. The current medications are Oxycodone, OxyContin, and Cyclobenzaprine (since at least 3-6-2015). Treatments to date include medication management. Work status is described as modified duty. The original utilization review (9-22-2015) had non-certified a request for Oxycodone 10mg #180, OxyContin 20mg #90, Cyclobenzaprine 7.5mg #60, and three re-evaluations with pain management specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #180:** Upheld

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

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

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The injured worker complains of chronic low back pain. Documentation demonstrates a recent urine drug screen, a signed pain contract and subjective report of some pain relief with current medications. Physician report however indicates that both Oxycodone and Oxycontin have prescribed chronically for pain management. The cumulative dose of these medications far exceeds the recommended morphine equivalent dose per MTUS guidelines. The request Oxycodone 10mg #180 is not medically necessary due to lack of meeting MTUS guidelines.

**Oxycontin 20mg #90:** Upheld

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

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

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Long-acting opioids are a highly potent form of opiate analgesic. MTUS states that the advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-

clock analgesia. MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. The injured worker complains of chronic low back pain. Documentation demonstrates a recent urine drug screen, a signed pain contract and subjective report of some pain relief with current medications. Physician report however indicates that both Oxycodone and Oxycontin have been prescribed chronically for pain management. The cumulative dose of these medications far exceeds the recommended morphine equivalent dose per MTUS guidelines. The request for Oxycontin 20mg #90 is not medically necessary due to lack of meeting MTUS guidelines.

**Cyclobenzaprine 7.5mg #60: 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): Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation shows that Cyclobenzaprine has been prescribed chronically and there is no indication of acute exacerbation of the injured worker's symptoms or clinical findings of muscle spasm to establish the medical necessity for ongoing use of this medication. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary per MTUS guidelines.

**3 Re-evaluations with pain management specialist, once every 90 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and thoracic (Acute and Chronic), Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care

and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker complains of chronic low back pain. Documentation fails to show a significant loss of ability to function independently resulting from the chronic pain and there is evidence that routine follow up office visits have also been requested. The medical necessity for open-ended visits with a Pain Specialist has not been established. The request for 3 re-evaluations with pain management specialist, once every 90 days is not medically necessary.