

Case Number:	CM15-0208400		
Date Assigned:	10/27/2015	Date of Injury:	11/18/2009
Decision Date:	12/09/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 45 year old female who reported an industrial injury on 11-18-2009. Her diagnoses, and or impressions, were noted to include: lumbar spondylosis without myelopathy; lumbar herniated disc; lumbar degenerative disc disease; and lumbago. Computed tomography of the lumbar spine was said to have been done on 4-14-2015; and electromyogram on the lower extremities. Her treatments were noted to include: back surgery in 2012 & lumbar fusion in 2013; 6 sessions of acupuncture - ineffective; 24+ sessions of physical therapy with temporary relief; injection therapy - ineffective; medication management with urine toxicology studies; and modified work duties. The progress notes of 9-11-2015 reported: unchanged, constant low back pain, rated 7 out of 10, with 70% on the left side that radiated pain-numbness-tingling down her left lower extremity to the ankle; weakness in her left lower extremity; increased pain with movements and prolonged activities, some relief with daily 25 minute walks, and a decrease in pain, down to a 5 out of 10, with medications. The objective findings were noted to include: no acute distress; tenderness along the bilateral mid-lower lumbar paraspinal muscles and along the left-sided sacroiliac joint; the inability to tolerate active lumbar flexion; decreased strength in the bilateral hips, knees and ankles; decreased right-sided lumbar 5 dermatomal distribution; and positive bilateral lumbar facet loading test. The physician's requests for treatment were noted to include refills of: Percocet 10-325 mg, 1 tablet every 4-6 hours as needed for pain, #135 tablets dispensed with no refills, and to be filled after 10-8-2015 due to the pharmacy filling only #60 tablets the previous day; and Flexeril 7.5 mg 1 tablet every 8 hours as needed for muscle spasms, with #60 dispensed and no refills, that she had approximately #45 tablets left from her previous visit. The Request for Authorization, dated , was noted to include Motrin 800 mg twice a day for inflammation, #60, and Tylenol #3 1 daily for pain, #4. The Utilization Review of 10-19-20 modified the request for: #60 tablets of cyclobenzaprine 7.5 mg, to #30 tablets; and #135 tablets of Percocet 10-325 mg, to #67 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cyclobenzaprine 7.5 mg: 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), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there was no objective documentation of muscle spasm during the most recent physical examination. Additionally, the injured worker has been prescribed this medication for at least 2 months which is not supported by the guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for 60 tablets of Cyclobenzaprine 7.5 mg is determined to not be medically necessary.

135 tablets of Percocet 10-325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Percocet for an extended period without objective evidence of specific functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 135 tablets of Percocet 10-325 mg is determined to not be medically necessary.

10 tablets of Ondansetron 4 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition, 2015 Chapter: Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Antiemetics (for opioid nausea) Section.

Decision rationale: The MTUS Guidelines do not address the use of Ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. In this case, the injured worker has opioid induced nausea. The use of Ondansetron is not supported in this case. Additionally, the concurrent request for Percocet is not supported. The request for 10 tablets of Ondansetron 4 mg is determined to not be medically necessary.