

Case Number:	CM15-0209886		
Date Assigned:	10/28/2015	Date of Injury:	05/16/2000
Decision Date:	12/28/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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: Anesthesiology

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 55 year old male who sustained an industrial injury on 5-16-00. A review of the medical records indicates he is undergoing treatment for cervical spondylosis without myelopathy, sprains and strains of the neck, lumbosacral neuritis or radiculitis, and myofascial pain and myositis, as well as hypertension. Medical records (6-1-15, 6-29-15, 7-23-15, 7-28-15, and 9-28-15) indicate ongoing complaints of neck and low back pain with associated numbness, tingling, spasm, and fatigue. He reports that his back pain radiates to the posterolateral aspect of both legs and extends to the feet (7-23-15). He rates his pain "6-7 out of 10". He reports that he is able to complete self-care with "some difficulty", including bathing, cleaning, cooking, dressing, and driving, grooming, and sexual activity. He denies constipation, stomach pain, or nausea and vomiting. The physical exam (9-28-15) reveals trigger points on palpation of the upper trapezius, mid-trapezius, splenius capitis, upper latissimus dorsi, lower latissimus dorsi, gluteus maximus, and gluteus medius bilaterally. Range of motion of the cervical spine is noted to be diminished, as is lumbar spine range of motion. Adson's test is positive bilaterally of the shoulders, the sacroiliac compression test is positive, as is the Slump test bilaterally. His gait is noted to be "functional". Diagnostic studies have included x-rays of the cervical and lumbar spine, MRIs of the cervical and lumbar spine, and an EMG-NCV study of bilateral upper extremities. Treatment has included a lumbar epidural steroid injection, a home exercise program, modified work duties, and medications. His medications include Oxycodone, Docusate Sodium, Prilosec, Lyrica, Cyclobenzaprine, OxyContin, and Metoprolol. He has been receiving all medications since, at least 4-14-15. However, the 7-23-15 record

indicates that his medication include Soma, Norco, Omeprazole, Atenolol, and Flomax. The utilization review (10-7-15) includes requests for authorization of Docusate 250mg #60 with 4 refills, Prilosec 20mg #30 with 4 refills, Lyrica 225mg #60 with 4 refills, Oxycodone 30mg #120, OxyContin 30mg #60, and Cyclobenzaprine 7.5mg #60 with 4 refills. The determination indicates denial of Docusate, Prilosec, and Cyclobenzaprine. Lyrica was modified to a quantity of 60 with 1 refill. Oxycodone was modified to a quantity of 96. OxyContin was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 250mg, #60 With 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Docuprene (docusate sodium) is an over-the-counter (OTC) medication used to treat occasional constipation and hard, dry stools. The MTUS is silent in regards to Docuprene; therefore, the ODG was consulted in the decision on this issue. The ODG states: "if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Opioid Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract." In this case, there is no evidence or recent history of constipation. In this case, there is no evidence or recent history of constipation. In addition, Oxycodone has not been found to be medically necessary. As such, the request for 4 prescription refills of Docuprene 250mg #60 is not medically necessary.

Prilosec 20mg, #30 With 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. In this case, there is no documentation of any reported GI complaints or

complaints while taking NSAIDs. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Lyrica 225 mg #60with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica), Antiepilepsy drugs (AEDs).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica (pregabalin) is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. In this case, there is documentation of a 30% reduction in pain secondary to this medication being used with his current regimen. Medical necessity for the requested medication has been established. However, the request for 4 refills is excessive. Therefore, the requested medication, with 4 refills, is not medically necessary.

Oxycodone HCL 30 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Oxycodone (Oxy-IR, immediate-release) is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The total dosing of this medication and the already prescribed OxyContin is 270mg MED (> guidelines of 120mg MED). This does not meet guideline criteria. This patient has had a return to modified work. However, the current dosing of opiates exceeds the guideline recommendations. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of

an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycodone is not medically necessary.

Cyclobenzaprine 7.5 mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. It is not recommended to be used for longer than 2-3 weeks. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.