

<b>Case Number:</b>	CM15-0029819		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/23/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained a work/ industrial injury on 6/23/08. Mechanism of injury was not documented. He has reported symptoms of chronic neck pain that radiated down the right arm that was rated 8/10 without medication and 5/10 with medication. Prior medical history includes diabetes mellitus, hypertension, and depression. Surgical history included C6-7 fusion on 2/10/09, right shoulder open reduction in 1989, left rotator cuff repair 8/5/2009, and right knee surgery 1989. The diagnoses have included spinal stenosis of cervical region, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc. Treatments to date included medication, topical cream, home exercises, and surgical procedures. Diagnostics included an unofficial Magnetic Resonance Imaging (MRI) of the cervical spine that reported a metallic fusion of C6-7 with no evidence of posterior bulging or spurring, facet changes at degenerative changes, at C4-5 posterior bulging causing upward of 3 mm encroachment on the anterior aspect of the thecal sac, mild degenerative changes over the facets. An official MR I on 11/20/13 noted disc bulges at C4-5 and C5-6, no cord compression, stenosis of the neural foramina between C3-4 through C6-7. Medications included baclofen, Lexapro. Oxycodone, OxyContin, Ambien, Glucophage, Testosterone, Trazodone, and Lorazepam. On 2/10/15, Utilization Review partially certified OxyContin 40mg 1 tablet every 8 hours #90 to OxyContin 40 mg 1 tablet every 8 hours # 45; Oxycodone HCL 30mg Tid Prn #90 to Oxycodone HCL 30 mg Tid Prn #45; and non-certified Meloxicam 15mg 1 tablet qd #30; Baclofen 20mg Qid #120, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40mg 1 tablet every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124; 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck pain radiating to the right arm. The treater r is requesting OXYCONTIN 40 MG ONE TABLET EVERY EIGHT HOURS QUANTITY 90. The RFA was not made available for review. The patient's date of injury is from 06/23/2008 and he is currently not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Oxycontin prior to 12/31/2014. The 01/29/2015 report notes that the patient's current pain level is 7/10. He denies any side effects with his current medications. His current medications are providing enough control to allow him to perform his daily activities and meet his functional goals without negative side effects. The treater also mentions that his urine drug screen was consistent to his prescribed medications, but this report was not made available. While the treater has noted the patient's current pain level at 7/10, there are no before and after pain scales showing analgesia. There are no discussions about specific activities of daily living. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.

**Oxycodone HCL 20mg Tid Prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with neck pain radiating to the right arm. The treater r is requesting OXYCODONE HCL 20MG TID PM #90. The RFA was not made available for review. The patient's date of injury is from 06/23/2008 and he is currently not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also

require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The medical records show that the patient was prescribed Oxycodone prior to 12/31/2014. The 01/29/2015 report notes that the patient's current pain level is 7/10. He denies any side effects with his current medications. His current medications are providing enough control to allow him to perform his daily activities and meet his functional goals without negative side effects. The treater also mentions that his urine drug screen was consistent to his prescribed medications, but this report was not made available. While the treater has noted the patient's current pain level at 7/10, there are no before and after pain scales showing analgesia. There are no discussions about specific activities of daily living. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.

**Meloxicam 15mg 1 tablet qd #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medicationmedications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with neck pain radiating to the right arm. The treater r is requesting MELOXICAM 15 MG ONE TABLET QD QUANTITY 30. The RFA was not made available for review. The patient's date of injury is from 06/23/2008 and he is currently not working. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record show that the patient was prescribed meloxicam on 01/29/2015. None of the reports reviewed mention medication efficacy as it relates to the use of meloxicam. Given the lack of functional improvement while utilizing this medication, the continued use is not warranted. The request IS NOT medically necessary.

**Baclofen 20mg Qid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxantsBaclofen Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain radiating to the right arm. The treater r is requesting BACLOFEN 20 MG QID QUANTITY 120. The RFA was not made available for review. The patient's date of injury is from 06/23/2008 and he is currently not working.The

MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. MTUS page 64 on Baclofen states, "The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating non-sedating paroxysmal neuropathic pain."The record show that the patient was prescribed baclofen on 12/31/2014. None of the report document medication efficacy. In this case, the long-term use of muscle relaxants are not supported by the MTUS guidelines. The request IS NOT medically necessary.