

<b>Case Number:</b>	CM15-0029830		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/10/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/16/2015
<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 42-year-old male, with a reported date of injury of 01/10/2007. The diagnoses include lumbar post-laminectomy syndrome, multi-level cervical disc disease, and cervical spondylosis without myelopathy. Treatments have included intramuscular injections, oral medications, removal of hardware with extension of the fusion to the L2-3, lumbar epidural steroid injection, cervical epidural steroid injection, and an MRI of the cervical spine. The progress report dated 12/02/2014 indicates that the injured worker was seen on an urgent basis. He complained of low back pain, neck pain. The cervical epidural steroid injection provided at least 60% pain relief. The treating physician indicated that due to the injured worker's ongoing pain with significant functional limitations, the injured worker required oral pain medications. The injured worker felt that his current medical regimen allowed him to perform simple chores around the house and allowed him to do self-directed physiotherapy with less discomfort. The treating physician requested Oxycontin 40mg #40, Norco 10/325mg #240, Flexeril 10mg #60, and Valium 10mg #70. On 01/16/2015, Utilization Review (UR) modified the request for Oxycontin 40mg #40, Norco 10/325mg #240, Flexeril 10mg #60, and Valium 10mg #70. The UR physician noted that there was no documentation of functional benefit or rationale of ongoing opioid use; no documentation of an alternative rationale for chronic use of Flexeril; and benzodiazepines are not recommended for chronic use. The MTUS Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg #40:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 12/30/2014 report, this patient presents with "ongoing debilitating pain on his lower back which radiates down to both lower extremities" and neck pain that is much more manageable. The current request is for Oxycontin 40 mg #40. This medication was first mentioned in the 01/12/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status was not mentioned in the provided reports. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. In reviewing the provided reports, the treating physician document that the medications provides 30% to 40% pain relief for several hours with each dose of medication and allows the patient to be more functional throughout the day. "Overall, he feels that his current medical regimen enables him to perform simple chores around the house including cooking, cleaning and doing the laundry with less pain." The patient is routinely monitored for 'at risk' behavior with random urine drug screen, CURES review, and the patient has sign opioid treatment contract every six month. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**Norco 10/325 mg #240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 12/30/2014 report, this patient presents with "ongoing debilitating pain on his lower back which radiates down to both lower extremities" and neck pain that is much more manageable. The current request is for Norco 10/325 mg #240. This medication was first mentioned in the 01/12/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status was not mentioned in the provided reports. For chronic opiate

use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. In reviewing the provided reports, the treating physician document that the medication "provides 30% to 40% pain relief for several hours with each dose of medication and allows the patient to be more functional throughout the day. Overall, he feels that his current medical regimen enables him to perform simple chores around the house including cooking, cleaning and doing the laundry with less pain." The patient is routinely monitored for 'at risk' behavior with random urine drug screen, CURES review, and the patient has sign opioid treatment contract every six month. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**Flexeril 10 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

**Decision rationale:** According to the 12/30/2014 report, this patient presents with "ongoing debilitating pain on his lower back which radiates down to both lower extremities" and neck pain that is much more manageable. The current request is for Flexeril 10 mg, #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 11/24/2014 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

**Valium 10 mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** According to the 12/30/2014 report, this patient presents with "ongoing debilitating pain on his lower back which radiates down to both lower extremities" and neck pain that is much more manageable. The current request is for Valium 10 mg #70. Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Valium since 01/12/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.