

Case Number:	CM15-0210087		
Date Assigned:	10/29/2015	Date of Injury:	12/29/2012
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
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: 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 59 year old male who sustained an industrial injury December 29, 2012. Past history included hypertension. Diagnoses are cervical spine sprain, strain; right shoulder sprain, strain. According to a secondary treating physician's most recent progress report dated August 4, 2015, the injured worker presented for follow-up with complaints of constant neck pain, rated 8 out of 10, radiating into the right upper extremity with numbness, constant low back pain rated 9 out of 10, radiating to the lower extremities with numbness and tingling and constant right shoulder pain, rated 7 out of 10. Current medications included Oxycodone and Cyclobenzaprine Hydrochloride. Objective findings included; cervical range of motion-flexion 35 degrees, extension 35 degrees, right and left lateral flexion 30 degrees, right and left rotation 50 degrees; right shoulder range of motion- flexion 120 degrees, extension 30 degrees, abduction 120 degrees, adduction 30 degrees and internal and external rotation 60 degrees; lumbar- range of motion flexion 25 degrees, extension 5 degrees, right and left lateral flexion 10 degrees. No further physical examination is documented for this date of service. At issue, is a request for authorization dated October 8, 2015 for Cyclobenzaprine and Oxycodone (both medications since at least July 7, 2015). According to utilization review dated October 16, 2015, the request for (1) evaluation for medical management and ongoing medication therapy is certified. The request for Oxycodone 15mg #60 was modified to Oxycodone 15 mg #30. The request for Cyclobenzaprine 7.5mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The 59 year old patient complains of neck pain, rated at 8/10, radiating to right upper extremity, lower back pain, rated at 9/10, radiating to lower extremities with numbness and tingling, and right shoulder pain, rated at 7/10, as per progress report dated 08/04/15. The request is for Cyclobenzaprine 7.5mg #60. The RFA for this case is dated 10/08/15, and the patient's date of injury is 12/29/12. Diagnoses, as per progress report dated 08/04/15, included cervical sprain/strain and right shoulder sprain/strain. Medications included Cyclobenzaprine and Oxycodone. Diagnoses, as per progress report dated 05/27/15, included cervical sprain/strain, lumbar degenerative disc disease at L3-4/L4-5/L5-6 with bilateral lower extremity radiculitis, and right lateral epicondylitis. The patient is not working, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is first noted in progress report dated 04/22/15. It is not clear when the muscle relaxant was initiated. It is also not evident whether the patient took the medication consistently or discontinued it intermittently. There is no documentation of efficacy in terms of reduction in pain and improvement in function due to Cyclobenzaprine. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for #60 is not medically necessary.

Oxycodone 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

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

Decision rationale: The 59 year old patient complains of neck pain, rated at 8/10, radiating to right upper extremity, lower back pain, rated at 9/10, radiating to lower extremities with numbness and tingling, and right shoulder pain, rated at 7/10, as per progress report dated 08/04/15. The request is for Oxycodone 15mg #60. The RFA for this case is dated 10/08/15, and the patient's date of injury is 12/29/12. Diagnoses, as per progress report dated 08/04/15, included cervical sprain/strain and right shoulder sprain/strain. Medications included Cyclobenzaprine and Oxycodone. Diagnoses, as per progress report dated 05/27/15, included cervical sprain/strain, lumbar degenerative disc disease at L3-4/L4-5/L5-6 with bilateral lower extremity radiculitis, and right lateral epicondylitis. The patient is not working, as per the same report. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Oxycodone is first noted in progress report dated 07/07/15. Prior reports document the use of Percocet. It is not clear when the opioids were initiated. The patient underwent urine toxicology screening during the 08/04/15 visit. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.