MAXIMUS Federal Services

Case Number:	CM15-0211807		
Date Assigned:	10/30/2015	Date of Injury:	08/19/1996
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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 75 year old male with a date of injury on 08-19-1996. The injured worker is undergoing treatment for thoracic-lumbosacral neuritis-radiculitis. A physician progress note dated 04-29-2015 documents the injured worker rates his pain as 5 out of 10 with medications and 8 out of 10 without medications. A physician progress note dated 09-16-2015 documents the injured worker has complaints of neck pain that radiates down the bilateral upper extremities. He has low back pain that radiates down the bilateral lower extremities, and it is accompanied by numbness frequently in the lower extremities to the level of the feet and muscle weakness frequently in the bilateral lower extremities. He has frequent muscle spasms. There is pain in the right shoulder, and bilaterally in the hips and legs. He has insomnia related to pain. He rates his pain as 4 out of 10 on average, and 7 out of 10 without medication. His pain has worsened since his last visit. He reports gastroesophageal reflux disease related to medications. He has ongoing daily living limitations due to pain, such as activity, ambulation, sleep, and sex. He is status post transforaminal epidural steroid injection and post procedure he reported good 50-80% overall improvement that lasted 4 months. His pain medications take 20 minutes until he gets relief and relief lasts approximately 4 hours. Therapy provides 30% improvement. He is not working. Treatment to date has included diagnostic studies, medications, status post L4-5, and right L4-5 transforaminal cannulation lumbar epidural space, with contest dye study left L4-5 and right L4-5 nerve roots and infusion of local anesthetic and corticosteroid, therapy and a home exercise program. Current medications include Doxepin, Flexeril, Tylenol #3 (since at least 06-24-2015), Zantac, Glipizide, Janument, Lipoflavonoid, Lisinopril, Niacin and

Pravastatin. The Request for Authorization dated 09-21-2015 includes Flexeril, Doxepin, Tylenol #3, Omeprazole and bilateral L4-5 transforaminal epidural injections. On 09-28-2015, Utilization Review modified the request for Flexeril 10mg two times a day #60 to Flexeril 10mg #20, and modified the request for Tylenol #3 three times a day #90 to Tylenol #3, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg two times a day #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 patient presents on 09/16/15 with neck pain that radiates into the bilateral upper extremities, lower back pain that radiates into the bilateral lower extremities, right shoulder pain, bilateral hip pain, and associated insomnia secondary chronic pain. The patient's date of injury is 08/19/96. The request is for Flexeril 10mg two times a day #60. The RFA is dated 09/21/15. Physical examination dated 09/16/15 reveals tenderness to palpation of the lumbar paravertebral region from L3 to S1 levels with spasms noted, decreased sensation in the L4-5 dermatomal distribution in the bilateral lower extremities, and positive straight leg raise test bilaterally at 40 degrees. The patient is currently prescribed Doxepin, Flexeril, Tylenol 3, Omeprazole, Glipizide, Janumet, Lipoflavinoid, Lisinopril, Niacin, and Pravastatin. Patient is currently retired. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. In this case, the requesting physician specifies 60 tablets to be taken twice per day, for a total of 30 days of treatment. This does not imply the intent to limit this medication's use to 2-3 weeks. Therefore, the request is not medically necessary.

Tylenol #3 three times a day #90: Upheld

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

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

Decision rationale: The patient presents on 09/16/15 with neck pain that radiates into the bilateral upper extremities, lower back pain that radiates into the bilateral lower extremities, right shoulder pain, bilateral hip pain, and associated insomnia secondary chronic pain. The patient's date of injury is 08/19/96. The request is for Tylenol #3 three times a day #90. The RFA is dated 09/21/15. Physical examination dated 09/16/15 reveals tenderness to palpation of the lumbar paravertebral region from L3 to S1 levels with spasms noted, decreased sensation in the L4-5 dermatomal distribution in the bilateral lower extremities, and positive straight leg raise test bilaterally at 40 degrees. The patient is currently prescribed Doxepin, Flexeril, Tylenol 3, Omeprazole, Glipizide, Janumet, Lipoflavinoid, Lisinopril, Niacin, and Pravastatin. Patient is currently retired. 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 regard to the requested Tylenol #3 for the management of this patient's chronic pain, the treater has not provided adequate documentation of medication compliance. Progress note dated 09/16/15 indicates that this patient's pain level is 4 with medications and 7/10 without medications. Addressing function, the provider states: "Areas of functional improvement as a result of the above therapy include: bathing, cleaning, cooking, dressing, mood, shopping, sleeping in bed, standing, standing in line, and traveling. The patient reports his quality of life has been improved as a result of the above treatment." MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, however, a careful review of the documentation provided does not reveal any consistent urine toxicology reports. The provider does include a statement regarding consistent CURES reports, a lack of aberrant behavior or suspected diversion, and there is evidence that this patient has submitted for urine drug screening. However, no urine toxicology reports generated from these screenings were made available for review and it is therefore not possible to evaluate whether this patient is consistent with his prescribed medications. Without clear documentation of medication consistency via urine drug screening, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request is not medically necessary.