

Case Number:	CM15-0218405		
Date Assigned:	11/10/2015	Date of Injury:	05/03/2003
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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: Preventive Medicine, Occupational Medicine

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 an industrial injury on 05-03-2003. A review of the medical records indicates that the worker is undergoing treatment for other intervertebral disc degeneration, lumbar region, cervical disc disorder with myelopathy, postlaminectomy syndrome, cervicobrachial syndrome and radiculopathy, cervical region. Treatment has included Gabapentin, Percocet (since at least 2012), Lidoderm patch, Celebrex, Flexeril (at least since 2012), Oxycodone (since at least 06-23-2015), transcutaneous electrical nerve stimulator unit, epidural steroid injections, physical therapy, chiropractic therapy, and trigger point injections. Subjective complaints (06-23-2015, 08-11-2015 and 10-20-2015) included pain with medications that was rated 0-1 out of 10 and pain without medications rated as 8.5-10 out of 10. Objective findings (10-20-2015) included slow, wide based gait, decreased range of motion of the cervical and lumbar spine due to pain, positive cervical facet loading on both sides, tenderness and tight muscle band of the lumbar spine bilaterally, inability to walk on heels or toes, positive lumbar facet loading on both sides, positive Tinel's sign, decreased grip on both sides and decreased sensation to light touch over the lateral foot, medial foot, medial hand, lateral hand, medial calf and lateral calf on both sides. There was no documentation of muscle spasms. The physician noted that the current medication regimen allowed the worker to live independently, self-care, transfer and work. There was no documentation of the duration of pain relief, time it took for pain relief, average pain, least amount of pain with the use of Oxycodone. A utilization review dated 10-29-2015 non-certified requests for Oxycodone HCL

15 mg tablets SIG take 1 three times a day as needed Qty 90 and Flexeril 10 mg tab SIG take ½-1 three times daily as needed Qty 60 refill 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg tablets SIG take 1 three times a day as needed Qty 90: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of stated quantifiable pain relief with the use of Oxycodone and the medication was recommended for weaning in the previous utilization review. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The requests for Oxycodone HCL 15mg tablets SIG take 1 three times a day as needed Qty 90 is determined to not be medically necessary.

Flexeril 10mg tab SIG take 1/2 - 1 three times a daily as needed Qty 60 refill 5: 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): Weaning of Medications, Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. In this case, there is no evidence of acute muscle spasm on physical examination. This medication is being used in a chronic manner, which is not supported by the guidelines. This request for 5 refills implies continued chronic use. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg tab SIG take 1/2 - 1 three times a daily as needed Qty 60 refill 5 is determined to not be medically necessary.