

Case Number:	CM15-0030522		
Date Assigned:	02/24/2015	Date of Injury:	08/29/1990
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 68 year old male, who sustained an industrial injury on 8/29/90. He has reported low back pain. The diagnoses have included lumbar post laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, surgery, stimulator and conservative measures. Currently, the injured worker complains of low back pain with radiation to bilateral lower extremities with numbness. The pain level without medications is rated 10/10 and with medications is 6/10. He has been able to wean off the oxycontin and the pain is well controlled with lower dose of oxycodone IR 1-2 times a day. The pain is aggravated by activities and alleviated by medications, rest and heat or ice. He reports muscle aches and joint pain. The current medications included Cyclobenzaprine, levothyroxine, lisinopril, methocarbamol, nitrostat, omeprazole, oxycodone, oxycontin, pantoprazole, propranolol, testosterone and voltaren topical gel. The x-ray of the lumbar spine dated 6/4/14 revealed disc degeneration with fusion. The urine drug screen dated 6/4/14 was consistent with medications prescribed. Physical exam of the lumbar region revealed tenderness to the muscles on palpation and pain with motion. He had a stimulator which was effective but got pulled out. The medications have also been effective with the pain control. No injection recommended at this time. There was decreased sensation on the right and left. Work status was permanent and stationary. On 2/11/15 Utilization Review non-certified a request for Cyclobenzaprine 40 mg QTY 720, noting the (MTUS) Medical Treatment Utilization Schedule guidelines chronic pain page 64 was cited. On 2/11/15 Utilization Review modified a request for Oxycontin 40 mg QTY 90 with 1 refill modified to

Oxycontin 40 mg QTY 60 , noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Opioids pages 79, 80, 81 and 124 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 QTY 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Oxycontin is the opioid medication oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving oxycontin since at least August 2014 and has obtained partial analgesia. There is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized.

Cyclobenzaprine 40 mg QTY 720: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 65.

Decision rationale: Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or

operating heavy machinery. In this case the patient has been receiving cyclobenzaprine since at least August 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.