

Case Number:	CM15-0031650		
Date Assigned:	02/25/2015	Date of Injury:	08/30/1999
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: Internal 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 46-year-old male, with a reported date of injury of 08/30/1999. The diagnoses include lumbar post laminectomy syndrome, cervical discogenic disease, chronic pain syndrome, paresthesias in the left leg, bilateral carpal tunnel and left ulnar neuropathy. Treatments have included acupuncture, oral medications, lumbar fusion at L3-4 on 01/16/2014, lumbar fusion at L4-5, and cervical fusion at C5-6 in 2007. The progress report dated 01/29/2015 indicates that the injured worker complained of low back pain, neck pain, and numbness and tingling in the left medial arm, that radiated to the fourth and fifth finger and some numbness in the right hand. There was also numbness and tingling that radiated down the left posterior leg with some pain. It was noted that the medications provided good benefit and the injured worker tolerated them well. The injured worker stated that he was more active with use of the medications and without the Ambien, he was unable to sleep. The physical examination showed more tenderness in the paracervical muscles on the right side, decreased cervical range of motion, and tenderness in the lower lumbar paraspinal muscles. The treating physician indicates that the injured worker was stable on the medications, functional, tolerated them well, and had no abnormal drug behavior. The treating physician requested Oxycodone IR 15mg #30, Ambien CR 12.5mg #15, and Flexeril 10mg #90, and Oxycodone ER 30mg #90. On 02/05/2015, Utilization Review (UR) denied the request for Oxycodone IR 15mg #30, Ambien CR 12.5mg #15, and Flexeril 10mg #90 and modified the request for Oxycodone ER 30mg #90. The UR physician noted that there was no documentation of improvement in function and pain; Ambien is recommended or short-term treatment of insomnia; and the guidelines do not recommend

Flexeril to be used for longer than 2-3 weeks. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone IR 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The physiatrist physical medicine and rehabilitation progress report dated January 29, 2015 documented a history of lumbar post-laminectomy syndrome, cervical discogenic disease, chronic pain syndrome, paresthesias in the left leg, lumbar fusion at L3-L4 on 01/16/2014, history of fusion at L4-5, history of C5-6 fusion in 2007, bilateral carpal tunnel and left ulnar neuropathy. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycodone is supported by MTUS guidelines. Therefore, the request for Oxycodone IR 15 mg is medically necessary.

1 prescription of Oxycodone ER 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The physiatrist physical medicine and rehabilitation progress report dated January 29, 2015 documented a history of lumbar post-laminectomy syndrome, cervical discogenic disease, chronic pain syndrome, paresthesias in the left leg, lumbar fusion at L3-L4 on 01/16/2014, history of fusion at L4-5, history of C5-6 fusion in 2007, bilateral carpal tunnel and left ulnar neuropathy. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycodone is supported by MTUS guidelines. Therefore, the request for Oxycodone ER 30 mg is medically necessary.

1 prescription of Ambien CR 12.5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien CR is not medically necessary.

1 prescription of Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Flexeril. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of the Flexeril muscle relaxant, which is not supported by MTUS and FDA guidelines. The use of Flexeril is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril (Cyclobenzaprine) is not medically necessary.