

<b>Case Number:</b>	CM15-0033911		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 55 year old female, who sustained an industrial injury on 09/25/2010. On provider visit dated 02/02/2015 the injured worker has reported cervical spine pain. The diagnoses have included cervical spondylosis without myelopathy, degeneration cervical IV disc and chronic pain syndrome. Treatment to date has included medication, injections and acupuncture. Treatment plan included medication refills. On examination she was noted to have decreased cervical spine range of motion. On 02/17/2015 Utilization Review non-certified Oxycodone 10 mg, 120 count and modified Flexeril 10 mg, 90 count. The CA MTUS, Chronic Pain Medical Treatment Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10 mg, 120 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 02/02/2015 report, this patient presents with occasional neck pain that radiates down to the bilateral upper extremity. The current request is for Oxycodone 10 mg, 120 count. This medication was first mentioned in this report. The request for authorization is not included in the file for review. The patient's disability status is "Temporarily totally disabled". For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. According to the records made available for review, the treating physician documents that with Nucynta ER, the patient "was having functional benefits on this medication such as being able to wash her hair easier, pick up objects easier and is moving without as much discomfort. She also mowed her lawn. Since she cannot get the immediate release form of Nucynta, I am prescribing oxycodone 10 mg every 6 hours when necessary for pain". The patient's pain level today is a 5/10 on a 0/10 visual analog pain scale. UDS and CURES were mentioned. In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

**Flexeril 10 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the 02/02/2015 report, this patient presents with occasional neck pain that radiates down to the bilateral upper extremity. The current request is for Flexeril 10 mg, ninety count. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation 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 showed no benefit beyond NSAIDs and pain and overall improvement". A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #90 and it is unknown exactly when the patient initially started taking this medication. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.