

Case Number:	CM15-0037888		
Date Assigned:	03/06/2015	Date of Injury:	03/26/2010
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania
 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 was a 28-year-old female, who sustained an industrial injury on March 26, 2010. Diagnoses include chronic low back pain, displacement of lumbar intervertebral disc without myelopathy, right lower extremity radicular pain, right sacroiliitis, hip pain, and pelvic pain. Prior treatments included medications, right sacroiliac joint injection, epidural steroid injections, pain management, exercise, and aqua therapy. Diagnostic testing has included lumbar spine MRI. The injured worker was noted to be working modified duties and attending college. On 7/23/14, the treating physician documented that the injured worker has been on the same medications for many years. Medications as of that office visit were oxycontin, oxycodone, and flexeril. It was noted that fentanyl had been discontinued and that the dose of the oxycontin had been reduced. Lidoderm patches were prescribed on 9/18/14, with notation from the physician that she had used these in the past with reduction in pain to some extent. Urine drug screen at an office visit on 8/20/14 was positive for tramadol, which had not been prescribed, and urine drug screen performed at an office visit on 10/17/14 was positive for benzodiazepines and tramadol, which had not been prescribed; the treating provider did not discuss these findings. Urine drug screens performed at office visits on 9/18/14, 11/11/14 and 12/5/14 were consistent with prescribed medications. According to progress note of January 7, 2015, the injured worker reported ongoing severe right lower back pain with tingling in the right foot. The injured worker rated the pain at 8 out of 10 without pain medication and 3 out of 10 with pain medication. The physician noted that medications help with pain and assist her work duties, mobility, activities of daily living (ADLs) and restorative sleep. The physical exam noted tenderness of the transverse

process on the right at L4, normal lower extremity motor strength, diminished ankle reflex on the left, normal sensation in the lower extremities, and negative provocative testing. There was decreased range of motion of the lumbar spine. The straight raise leg testing was negative. A lumbar epidural steroid injection was pending. It was documented that the injured worker had a signed pain management agreement and that urine drug testing was consistent. Work status was noted as modified work. On 1/28/15, Utilization Review (UR) non-certified requests for oxycontin 20 mg #90, oxycodone 10 mg #120, 1 drug screen, flexeril 10 mg #90, and Lidoderm patch 5% # 60, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Oxycontin 20 MG: Upheld

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

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

Decision rationale: This injured worker has been prescribed oxycontin and short acting oxycodone for at least 6 months; the physician noted on 7/23/14 that the injured worker had been on the same medications for many years. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Signed opioid contracts were provided but no functional goals were discussed. The injured worker was working modified duty. Urine drug screens were performed approximately monthly at office visits from August to December 2014, not randomly as recommended by the guidelines. Two of the urine drug screens submitted was positive for tramadol and one was positive for benzodiazepines, which had not been prescribed, and the physician did not address these findings. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that medications helped with pain, work duties, mobility, and activities of daily living, specific functional benefits including improvement in specific activities of daily living were not discussed, the office notes reflect continued pain, there was no documentation of decrease in work restrictions, and monthly office visits continued. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

120 Oxycodone 10 MG: Upheld

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

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

Decision rationale: This injured worker has been prescribed oxycontin and short acting oxycodone for at least 6 months; the physician noted on 7/23/14 that the injured worker had been on the same medications for many years. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. Signed opioid contracts were provided but no functional goals were discussed. The injured worker was working modified duty. Urine drug screens were performed approximately monthly at office visits from August to December 2014, not randomly as recommended by the guidelines. Two of the urine drug screens submitted was positive for tramadol and one was positive for benzodiazepines, which had not been prescribed, and the physician did not address these findings. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the physician documented that medications helped with pain, work duties, mobility, and activities of daily living, specific functional benefits including improvement in specific activities of daily living were not discussed, the office notes reflect continued pain, there was no documentation of decrease in work restrictions, and monthly office visits continued. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, oxycodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): 43, 77-78, 89, 94.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance

with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. There was no documentation of risk assessment for addiction/aberrant behavior to determine frequency of testing. Urine drug screens were performed approximately monthly at office visits from August to December 2014, not randomly as recommended by the guidelines. Two of the urine drug screens submitted was positive for tramadol and one was positive for benzodiazepines, which had not been prescribed, and the physician did not address these findings. The opioids previously prescribed and requested now have been determined to be not medically necessary. Due to lack of risk assessment for addiction/aberrant behavior, prior performance of frequent drug screens including some with inconsistent findings, which were not addressed, and the lack of medical necessity of continued treatment with opioids, the request for urine drug screen is not medically necessary.

90 Flexeril 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function because of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine has been prescribed for at least 6 months and possibly for years according to the documentation submitted. Cyclobenzaprine is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Due to length of use not in accordance with

the guidelines and lack of functional improvement, the request for flexeril is not medically necessary.

60 Lidoderm Patch 5 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There was no documentation that this injured worker had post herpetic neuralgia or neuropathic pain (which is not radiculopathy). The site of application and directions for use were not specified. The physician noted that lidoderm had been used in the past with reduction in pain to some extent, but there was no documentation of functional improvement because of use of lidoderm. Due to lack of indication, lack of sufficiently specific prescription, and lack of demonstration of functional improvement because of prior use, the request for lidoderm patches is not medically necessary.