

<b>Case Number:</b>	CM15-0044917		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/29/1990
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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 67 year old male, who sustained an industrial injury on 8/29/1990. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar post-laminectomy syndrome and chronic pain syndrome. Treatment to date has included right knee surgery, lumbar fusion, spinal cord stimulator implantation (pulled out in the past after it was dislodged after a fall), diagnostics, medications, and physical therapy. The progress note, dated 12/3/2014, noted a recent fall with increase in back pain, resulting in temporary increase (rather than decrease) of Oxycontin. Currently, the injured worker complains of back pain, rated 6/10 with medication use and 10/10 without. He was currently taking Oxycontin ER 40mg (3-4 times daily) and Oxycodone IR 15mg (1-2 times per day). Other medications included Cyclo-benzaprine, Methocarbamol, Omeprazole, Pantoprazole, and Voltaren topical gel. His gait was antalgic and he ambulated with a cane. Exam of the lumbar spine noted tenderness of the paraspinal region at L3 and iliolumbar region and pain with decreased range of motion. Sensation was decreased in the lower extremities. He reported attempt to cut either muscle relaxant, but experienced severe muscle cramping and spasms in both legs and back. Both were to continue. The treatment plan included continued taper of Oxycontin, noting current dose of 120mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Appeal) Oxycontin 40mg, #90 (Do not fill until March): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested (Appeal) Oxycontin 40mg, #90 (Do not fill until March), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic back pain. The treating physician has documented tenderness of the paraspinal region at L3 and iliolumbar region and pain with decreased range of motion. Sensation was decreased in the lower extremities. He reported attempt to cut either muscle relaxant, but experienced severe muscle cramping and spasms in both legs and back. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, (Appeal) Oxycontin 40mg, #90 (Do not fill until March) is not medically necessary.

**(Appeal) Cyclobenzaprine 10mg #720: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

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

**Decision rationale:** The requested (Appeal) Cyclobenzaprine 10mg #720 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic back pain. The treating physician has documented tenderness of the paraspinal region at L3 and iliolumbar region and pain with decreased range of motion. Sensation was decreased in the lower extremities. He reported attempt to cut either muscle relaxant, but experienced severe muscle cramping and spasms in both legs and back. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, (Appeal) Cyclobenzaprine 10mg #720 is not medically necessary.

