

Case Number:	CM15-0056203		
Date Assigned:	04/01/2015	Date of Injury:	03/17/2011
Decision Date:	08/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 (IW) is a 53-year-old male who sustained an industrial injury on 03/17/2011. Diagnoses include lumbar spine sprain/strain; facet joint arthropathy; right L5 and S1 radiculopathy with right lower extremity weakness; and right paracentral herniated disc protrusion at L5-S1 touching the right S1 nerve root measuring 5 to 6mm. Treatment to date has included medications, epidural steroid injections (ESI) and physical therapy (PT). ESIs administered on 9/12/13 provided 100% relief of lower extremity radicular symptoms and 50% relief of low back pain for two months. According to the progress notes dated 3/12/15, the IW reported right low back pain radiating to the right buttock and right lateral thigh. The pain was aggravated by prolonged standing, sitting, lifting, twisting back, driving, coughing, sneezing, bearing down and any activities; pain was relieved by pain medications. Medications listed were medical THC, Oxycodone, Cyclobenzaprine, Metformin, Glyburide, Lisinopril and Simvastatin. On examination, there was tenderness to palpation of the lumbar paraspinal muscles. Lumbar spine range of motion was restricted by 50% in all planes with flexion worse than extension. Provocative maneuvers, pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac maneuvers were negative. Clonus, Babinski's and Hoffmann's signs were absent bilaterally. Lower and upper extremity muscle strength was normal. Muscle spasms were present and sensation was decreased in the L5 and S1 dermatomes. The provider noted the Oxycodone decreased the IW's pain by 50%, and Flexeril improved his spasms by 70%, allowing performance of his activities of daily living. The IW was in compliance with the terms

of the pain contract. A request was made for Oxycodone 10/325mg, #180 with 0 refills and Flexeril 10mg, #90 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg quantity 180: Upheld

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, 80-81.

Decision rationale: Based on the 03/12/15 progress report provided by treating physician, the patient presents with low back pain radiating to right buttock and right lateral thigh. The patient is status post hernia repair, date unspecified. The request is for oxycodone 10/325mg quantity 180. Patient's diagnosis per Request for Authorization form dated 03/27/15 includes lumbar strain, and lumbar herniated nucleus pulposus. Diagnosis on 03/12/15 includes lumbar spine sprain/strain; facet joint arthropathy; right L5 and S1 radiculopathy with right lower extremity weakness; and right paracentral herniated disc protrusion at L5-S1 touching the right S1 nerve root measuring 5 to 6mm. Physical examination to the lumbar spine on 03/12/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was restricted by 50% in all planes with flexion worse than extension. Provocative maneuvers, pelvic rock and sustained hip flexion positive bilaterally. Treatment to date has included epidural steroid injections, physical therapy and medications. Patient's medications include Medical THC, Oxycodone, Cyclobenzaprine, Metformin, Glyburide, Lisinprol, and Simvastatin. The patient is temporarily partially disabled, per 03/12/15 report. Treatment reports were provided from 07/23/13 - 03/12/15. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80-81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycodone has been included in patient's medications, per progress reports dated 07/23/13, 11/26/13, 01/21/14, and 03/12/15. Per 03/12/15 report, treater states Oxycodone "provides 50% improvement of [patient's] pain with 50% improvement of his activities of daily living such as self-care, dressing. Up-to-date pain contract and his previous UDS were consistent with no aberrant behaviors. The patient's Oswestry Disability Index score is a 22 (44% disability) with the use of Oxycodone, while the patient's Oswestry Disability Index score is a 35 (70% disability) without the use of Oxycodone. In this case, treater has addressed analgesia with

numeric scales and validated instruments, but has not discussed how Oxycodone significantly improves patient's activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities." While the treater discusses some ADL's, it is not known that the patient would be unable to self-care based on the condition provided. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

Flexeril 10mg quantity 90: Upheld

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

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

Decision rationale: Based on the 03/12/15 progress report provided by treating physician, the patient presents with low back pain radiating to right buttock and right lateral thigh. The patient is status post hernia repair, date unspecified. The request is for Flexeril 10mg quantity 90. Patient's diagnosis per Request for Authorization form dated 03/27/15 includes lumbar strain, and lumbar herniated nucleus pulposus. Diagnosis on 03/12/15 includes lumbar spine sprain/strain; facet joint arthropathy; right L5 and S1 radiculopathy with right lower extremity weakness; and right paracentral herniated disc protrusion at L5-S1 touching the right S1 nerve root measuring 5 to 6mm. Physical examination to the lumbar spine on 03/12/15 revealed spasm and tenderness to palpation to paraspinal muscles. Range of motion was restricted by 50% in all planes with flexion worse than extension. Provocative maneuvers, pelvic rock and sustained hip flexion positive bilaterally. Treatment to date has included epidural steroid injections, physical therapy and medications. Patient's medications include Medical THC, Oxycodone, Cyclobenzaprine, Metformin, Glyburide, Lisinopril, and Simvastatin. The patient is temporarily partially disabled, per 03/12/15 report. Treatment reports were provided from 07/23/13 - 03/12/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine (Flexeril) has been included in patient's medications, per progress reports dated 11/26/13, 01/21/14, and 03/12/15. Per 03/12/15 report, treater states "Flexeril provides 70% improvement of [patient's] spasm with 70% improvement of his activities of daily living such as self-care, dressing." However, MTUS only recommends short-term use of muscle relaxants. Cyclobenzaprine has been dispensed to patient at least since 11/26/13. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

