

Case Number:	CM15-0064644		
Date Assigned:	05/13/2015	Date of Injury:	05/15/2004
Decision Date:	07/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/06/2015

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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 05/15/2004. According to a progress report dated 03/09/2015, the injured worker was seen for chronic severe right knee pain due to osteoarthritis, chronic severe cervicalgia, intermittent cervical radiculopathy due to cervical degenerative disease, myofascial pain syndrome, chronic severe low back pain and intermittent lumbar radicular pain due to failed back surgery syndrome following lumbar fusion. Treatment to date has included medications, surgery, MRI, computed tomography imaging, physical therapy, massage therapy, and epidural injections. Current medications included OxyContin, Norco, Flexeril, Nabumetone, Neurontin, Senokot S, Trazodone and Losartan Potassium. Gabapentin provided pain relief, improved sleep and functional improvement. The injured worker refused Cymbalta. He took Senokot S for constipation, Elavil for insomnia and pain, Flexeril for spasms in the legs and Trazodone for insomnia. Since his last visit, the injured worker reported the same low back, neck, left hip, bilateral lower extremity and clavicle pain with no change in distribution. His current medication regimen allowed him to perform activities of daily living and a home exercise program. Medications were keeping him functional and allowed for increased mobility. Pain level was rated 9 on a scale of 1-10 without medications and 6 with medication. Current pain level was 7. Assessment included brachial neuritis or radiculitis not otherwise specified, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, intervertebral lumbar disc disorder without myelopathy lumbar region and cervical region, postlaminectomy syndrome lumbar region, degeneration of cervical intervertebral disc, cervicalgia, spinal stenosis in cervical region, thoracic/lumbosacral neuritis/radiculitis unspecified and lumbago. Treatment plan included OxyContin, Norco, Fexmid, Neurontin and Naproxen, surgical re-consultation /

consideration for lumbar hardware removal following successful hardware block and urine drug testing for purposes of diversion and medication monitoring. Currently under review is the request for Fexmid, OxyContin, and Norco and on urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker has been taking Fexmid since April 2014. There is no evidence of acute exacerbation or current muscle spasms in the available documentation. This medication was recommended for weaning in a prior utilization review. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Fexmid 7.5mg #90 is determined to not be medically necessary.

Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking high doses of opioid medications for an extended period without evidence of functional gains or significant pain relief. The injured worker is taking 3 times the recommended dose of Oxycontin despite a prior review that recommended adjusting the dose to be within recommended dosage schedule. This request is not within established guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 30mg #90 is determined to not be medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking high doses of opioid medications for an extended period without evidence of functional gains or significant pain relief. A prior review recommended that this medication be approved for weaning only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.

One urine toxicology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (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. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The injured workers last urine drug screen was conducted on 11/12/14 and was consistent with no evidence of aberrant behavior or abuse. The request for one urine toxicology is determined to be medically necessary.