

Case Number:	CM15-0098847		
Date Assigned:	06/01/2015	Date of Injury:	06/29/2005
Decision Date:	12/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This injured worker is a 59 year old male, who sustained an industrial injury on 06-29-2005. The injured worker was diagnosed as having lumbar sic disease, lumbar radiculopathy, lumbar facet syndrome and cervical spine 4 - level fusion on 12-2014. On medical records dated 04-07-2015, the subjective complaints were noted as cervical spine pain and lumbar spine pain. Pain was rated as 7-8 out of 10. Objective findings were noted as difficulty falling asleep and staying asleep secondary to muscle spasms. Lumbar spine was noted as guarding, spasm and tenderness to palpation noted over the lumbar paravertebral muscles. Moderate to severe facet tenderness at L4 through S1. Lumbar spine range of motion was noted as decreased. Treatments to date included medication. The injured worker was noted to be temporarily totally disabled. The injured work underwent laboratory studies. Current medications were listed as Oxycontin (since at least 12-2014), Soma, Fentanyl, Neurontin, Nortriptyline (since at least 12-2014) and Trazadone. The Utilization Review (UR) was dated 05-04-2015. A Request for Authorization was dated The UR submitted for this medical review indicated that the request for Flexeril 10mg #60, Nortriptyline 75mg #22 and Oxycodone 30mg #12 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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. In this case, the injured worker has been prescribed Oxycodone since at least December-2014 without consistent quantifiable pain relief or objective evidence of functional improvement. 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 Oxycodone 30mg, #12 is determined to not be medically necessary.

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, 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. 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. In this case, the injured worker is treated for chronic pain and there is no acute exacerbation of muscle spasm. He has been prescribed Cyclobenzaprine since at least February- 2015 which is not supported by the guidelines. The request for Flexeril 10mg, #60 is determined to not be medically necessary.

Nortriptyline 75mg, #22: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS guidelines, Tricyclics such as Nortriptyline are generally considered a first-line agent for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Antidepressants are an option in, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. In this case, the injured worker complains of worsening pain, despite the use of this medication. There are no high quality studies to support the use of this medication in the treatment of lumbar radiculopathy. The request for Nortriptyline 75mg, #22 is determined to not be medically necessary.