

Case Number:	CM13-0009934		
Date Assigned:	12/11/2013	Date of Injury:	02/05/2004
Decision Date:	02/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old male who reported a work-related injury on 02/05/2004, mechanism of injury not specifically stated. Clinical note dated 08/22/2013 reports the patient was seen under the care of [REDACTED] for his chronic pain complaints. The provider documented the patient reports low back pain radiating from the lumbar spine down the bilateral lower extremities. The patient presents for treatment of the following diagnoses: status post revision of decompression with redo of dissection on the right at L4-5 and fusion at L5-S1, and subsequent permanent spinal cord stimulator placement in 07/2012. The provider documents the patient reports poor sleep, continued back pain, and muscle pain. The provider documents the patient utilizes the following medications: Colace 100 mg 1 by mouth 3 times a day, Trazodone 1 by mouth at bedtime, Norco 10/325 1 by mouth 3 times a day, OxyContin 20 mg 1 by mouth twice a day, Neurontin 600 mg 1 by mouth 4 times a day, Flexeril 10 mg 1 by mouth twice a day, Lidoderm patch, Flonase nasal spray, Lovaza 2 caps by mouth twice a day, Niaspan 500 mg 1 by mouth at bedtime. The provider documents upon physical exam of the patient, lumbar spine range of motion was restricted with flexion limited to 25 degrees, extension to 0 degrees, bilateral lateral bending to 10 degrees. Sensory exam was decreased over the lateral calf on the right and medial calf to the left. The provider documented the patient could reduce Flexeril from 2 to day to 1 a day, as the patient utilizes it sparingly. The patient reports muscle spasms at night, and the medication assists in his sleep. In regards to OxyContin, the patient reports a decrease in rate of pain from a 10/10 to a 6/10 with use of this medication. The provider reports the patient is stable with utilization of his current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The current request is not supported. Clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 2004. The patient has been recommended to discontinue utilization of this medication, as California MTUS indicates, "Recommended as an option utilizing a short course of therapy." Given the above, the request for a prescription of Flexeril 10 mg #60 is not medically necessary or appropriate.

Oxycontin 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is supported. The provider documents the patient continues to present with moderate complaints of lumbar spine pain status post a work-related injury sustained multiple years ago and subsequent surgical interventions performed at the lumbar spine, indicative of decompression and fusion at the L4-5, L5-S1. The patient utilizes a spinal cord stimulator in addition to his medication regimen. The provider reports the patient's rate of pain decreases from 10/10 to 6/10, with utilization of his medication regimen. The provider documents the patient utilizes Norco for breakthrough pain, and OxyContin for long-acting pain control. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all the above, the request for a prescription of OxyContin 20 mg #60 is medically necessary and appropriate.