

<b>Case Number:</b>	CM14-0116504		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 46-year-old male who has submitted a claim for lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and encounter for long-term use of other medications associated with an industrial injury date of October 23, 2008. Medical records from 2009-2014 were reviewed. The patient complained of right paralumbar pain. The pain radiates to the right buttock. There was activity-related pain especially on prolonged sitting, prolonged driving, prolonged standing, heavy lifting and twisting. Physical examination showed weakness of the right external hallucis longus muscles. Sensory loss of the right L5 dermatome to light touch and vibration was noted as well. Straight leg raise test was positive. MRI of the lumbar spine, dated May 16, 2013, revealed L4-L5, L5-S1 stenosis with severe foraminal impingement at L4-L5 on the left. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar medial branch blocks, and lumbar radiofrequency ablation. Utilization review, dated July 21, 2014, modified the request for Oxycodone HCL 30mg, #60 to Oxycodone HCL 30mg, #45 to facilitate weaning and because there was no evidence of significant pain decrease and functional improvement from medication use; denied the request for Robaxin 500mg, #30 because there were no clinical findings which would warrant the use for a muscle relaxant; and denied the request for Ultram 50mg, #240 because there was no pain decrease or functional improvement from its use; and modified the request for Oxycodone HCL 15mg, #90 to Oxycodone HCL 15mg, #65 to facilitate weaning and because there was no decrease in pain or evidence of functional improvements for the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** As stated on page 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, patient has been taking Oxycodone since October 2013 together with the use of other opioid medications. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone HCL 30mg, #60 is not medically necessary.

**Robaxin 500mg, with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Page(s): 64-65.

**Decision rationale:** According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, patient has been prescribed Robaxin since July 2014. However, recent progress reports failed to document presence of muscle spasms. There is no compelling indication for Robaxin at this time. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Robaxin 500mg, with 1 refill is not medically necessary.

**Ultram 50mg, #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 93-94; 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since November 2010 simultaneous with intake of other opioid medications. There was no documented evidence of functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects and aberrant drug-taking behavior. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram 50mg, #240 is not medically necessary.

**Oxycodone HCL 15mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-81.

**Decision rationale:** As stated on page 78-81 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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. CA MTUS guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, patient has been taking Oxycodone since October 2013 together with the use of other opioid medications. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone HCL 15mg, #90 is not medically necessary.