

Case Number:	CM14-0131950		
Date Assigned:	08/22/2014	Date of Injury:	07/30/1998
Decision Date:	09/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical medicine and rehabilitation 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:

This 53 year-old patient sustained an injury on 7/30/1998 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20. Diagnoses include lumbar disc displacement s/p lumbar laminectomy syndrome. Medications list Flexeril, Voltaren, Norco, OxyContin, Cymbalta, Nuvigil, Trazodone, and Wellbutrin. Report of 6/27/14 from the provider noted the patient with ongoing chronic lower back pain. Exam showed lumbar spine with restricted range, paravertebral muscle spasms, tenderness and tight muscle band, positive lumbar facet loading on right; positive sitting SLR bilaterally at 45 degrees; decreased sensation over lateral calf and posterior thigh. The request(s) for Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20 were non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: This 53 year-old patient sustained an injury on 7/30/1998 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20. Diagnoses include lumbar disc displacement s/p lumbar laminectomy syndrome. Medications list Flexeril, Voltaren, Norco, OxyContin, Cymbalta, Nuvigil, Trazodone, and Wellbutrin. Report of 6/27/14 from the provider noted the patient with ongoing chronic lower back pain. Exam showed lumbar spine with restricted range, paravertebral muscle spasms, tenderness and tight muscle band, positive lumbar facet loading on right; positive sitting SLR bilaterally at 45 degrees; decreased sensation over lateral calf and posterior thigh. The request(s) for Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20 were non-certified on 7/15/14. Pain symptoms and clinical findings remain unchanged for this 1998 injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 1998 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #90 is not medically necessary and appropriate.

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: This 53 year-old patient sustained an injury on 7/30/1998 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20. Diagnoses include lumbar disc displacement s/p lumbar laminectomy syndrome. Medications list Flexeril, Voltaren, Norco, OxyContin, Cymbalta, Nuvigil, Trazodone, and Wellbutrin. Report of 6/27/14 from the provider noted the patient with ongoing chronic lower back pain. Exam showed lumbar spine with restricted range, paravertebral muscle spasms, tenderness and tight muscle band, positive lumbar facet loading on right; positive sitting SLR bilaterally at 45 degrees; decreased sensation over lateral calf and posterior thigh. The request(s) for Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20 were non-certified on 7/15/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics,

adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycontin 20mg #90 is not medically necessary and appropriate.

Flexeril 10mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: This 53 year-old patient sustained an injury on 7/30/1998 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20. Diagnoses include lumbar disc displacement s/p lumbar laminectomy syndrome. Medications list Flexeril, Voltaren, Norco, OxyContin, Cymbalta, Nuvigil, Trazodone, and Wellbutrin. Report of 6/27/14 from the provider noted the patient with ongoing chronic lower back pain. Exam showed lumbar spine with restricted range, paravertebral muscle spasms, tenderness and tight muscle band, positive lumbar facet loading on right; positive sitting SLR bilaterally at 45 degrees; decreased sensation over lateral calf and posterior thigh. The request(s) for Norco 10/325mg #90, Oxycontin 20mg #90, Flexeril 10mg #20 were non-certified on 7/15/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1998. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #20 is not medically necessary and appropriate.