

<b>Case Number:</b>	CM14-0139156		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/16/1981
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Nevada. 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 records, presented for review, indicate that this 71-year-old male was reportedly injured on 11/16/1981. The most recent progress note, dated 8/5/2014, indicated that there were ongoing complaints of chronic low back pain that radiated into the bilateral lower extremities. The physical examination demonstrated bilateral lower extremity muscle strength at 4/5. Decreased sensation to light touch was in the anterior thigh right more than left. The patient had a slow gait and was using a front wheel walker for balance and equilibrium. Severe muscle spasm was noted in the lumbosacral musculature. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for OxyContin 20 mg #90 and Flexeril 10 mg and was not certified in the pre-authorization process on 8/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin immediate release (Oxy IR capsule and Roxicodone tablets). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, 97.

**Decision rationale:** MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.

**Flexeril 10mg 1 orally at night:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.