

Case Number:	CM14-0141426		
Date Assigned:	09/10/2014	Date of Injury:	01/27/2004
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pain 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 injured worker is a 48-year-old male who reported an injury on 01/27/2004; while walking on a catwalk he fell on his buttocks. The injured worker had a history of lumbar and cervical pain. The diagnoses included thoracic/lumbosacral/neuritis/radiculitis, spinal stenosis at the cervical region, unspecified backache, displacement of the lumbar vertebral disc without myelopathy, and spinal stenosis of the lumbar region without neurogenic claudication. The prior diagnostics included x-rays and MRI of the lumbar spine dated 05/13/2014. Prior treatments included orthopedic surgery, injections, and medication. The medications included oxycodone 80 mg, Roxicodone, and flector patch. The physical assessment dated 04/14/2014 of the cervical spine revealed limited range of motion with right at 40 degrees and the left at 35 degrees. The sensation was intact to light touch and demarcation between the dull and sharp in the dermatomes at the C5-T1 bilaterally. The treatment plan included OxyContin 80 mg, Roxicodone, and Flexeril. The request for authorization dated 09/10/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg 1 tablet three times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin, ongoing management, Page(s): 75, 78.

Decision rationale: The request for OxyContin 80 mg 1 tablet 3 times a day #90 is not medically necessary. The California MTUS Guidelines recommend long-acting opioids (OxyContin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes do not indicate the assessment for adverse side effects or aberrant drug taking behavior. The injured worker's injury was in 2004. It is a 10-year-old injury. The clinical notes, the injured worker is taking oxycodone and Roxicodone. The oxycodone is 80 mg 3 times a day which equals 240 mg which exceeds the recommended opioid dose in a 24 hour period. The clinical notes also were not evident of activities of daily living. As such, the request is not medically necessary.

Roxicodone 30mg one tablet every 3-4 hours #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines OxyContin, ongoing management, Page(s): 75, 78.

Decision rationale: The request for Roxicodone 30 mg 1 tablet every 3 to 4 hours #240 is not medically necessary. The California MTUS guidelines recommend long-acting opioids (OxyContin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not include the assessment for adverse side effects or aberrant drug taking behavior. The injured worker's injury was in 2004. It is a 10-year-old injury. The clinical notes also were not evident of activities of daily living. As such, the request is not medically necessary.

Flexeril 1.3% transdermal #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Page(s): 41, 111.

Decision rationale: The request for Flexeril 1.3% transdermal #60 is not medically necessary. The California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended... There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended." A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy per CA MTUS guidelines. The request did not address the frequency. As such, the request is not medically necessary.