

Case Number:	CM14-0145864		
Date Assigned:	09/15/2014	Date of Injury:	02/24/1999
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 2/24/99 date of injury. At the time (8/25/14) of request for authorization for Oxycontin 30MG 1 po Q8hr, #90, Flexeril 10MG BID, #60 with 2 refills, Celebrex 200MG BID, #60 with 2 refills, and Oxycontin 30MG, #18 po Q8hr 1 x 6 days, there is documentation of subjective chronic moderate to severe low back pain radiating to the lateral aspect of the bilateral lower extremities with numbness in both feet and objective ambulation with a cane. The current diagnoses include lumbar disc herniation. The treatment to date includes ongoing therapy with Celebrex, Oxycontin, and Flexeril since at least 2/24/14 with increased ability to function at a higher level and perform activities of daily living. Medical report identifies benefits and risks of opioids have been explained to the patient with a full understanding and agreement to proceed with medical management. In addition, medical report identifies that the patient denies history of abdominal pain, heartburn, and hematemesis. Regarding Oxycontin 30MG 1 po Q8hr, #90 and Oxycontin 30MG, #18 po Q8hr 1 x 6 days, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flexeril 10MG BID, #60 with 2 refills, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment. Regarding Celebrex 200MG BID, #60 with 2 refills, there is no documentation of high-risk of GI complications with NSAIDs. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30MG 1 po Q8hr, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone, Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc herniation. In addition, there is documentation of chronic moderate to severe pain. Furthermore, given documentation of ongoing therapy with Oxycontin with increased ability to function at a higher level and perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycontin. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that benefits and risks of opioids have been explained to the patient with a full understanding and agreement to proceed with medical management, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 30MG 1 po Q8hr, #90 is not medically necessary.

Flexeril 10MG BID, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc herniation. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Flexeril with increased ability to function at a higher level and perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 2/24/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10MG BID, #60 with 2 refills is not medically necessary.

Celebrex 200MG BID, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-risk of GI complications with NSAIDs, as criteria necessary to support the medical necessity of Celebrex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of diagnosis of lumbar disc herniation. In addition, given documentation of ongoing therapy with Celebrex with increased ability to function at a higher level and perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Celebrex. However, given documentation that the patient denies history of abdominal pain, heartburn, and hematemesis, there is no documentation of high-risk of GI complications with NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Celebrex 200MG BID, #60 with 2 refills is not medically necessary.

Oxycontin 30MG, #18 po Q8hr 1 x 6 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone, Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc herniation. In addition, there is documentation of chronic moderate to severe pain. Furthermore, given documentation of ongoing therapy with Oxycontin with increased ability to function at a higher level and perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Oxycontin. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that benefits and risks of opioids have been explained to the patient with a full understanding and agreement to proceed with medical management, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 30MG, #18 po Q8hr 1 x 6 days is not medically necessary.