

<b>Case Number:</b>	CM14-0152620		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Neurology 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 (IW) is a 53 year old male with a reported date of injury of 1/18/2002. The mechanism of injury is described as a lower back injury obtained while lifting a heavy object (reportedly, he and a co-worker were lifting a 350 lb. speaker). The IW reports he heard a "pop" in his low back and felt discomfort. The IW is now diagnosed with "failed spinal surgery". He is status post L4-S1 global fusion, L3-L4 laminectomy with hardware removal. He is status post decompression at L4-L5 and L5-S1 with interbody fusion and status post bilateral fusion at the L4 level to the sacrum. The IW reports pain that has been characterized as nociceptive, neuropathic and inflammatory pain. Per the progress notes provided, the IW was started on opioids for pain control (initially Vicodin) as early as August of 2003. It is also noted the IW has been treated with Flexeril as early as 2005 and has continued this treatment. The IW continues to be treated with several medications including Amitriptyline, Oxycodone, Lyrica, Cymbalta, MS Contin and Flexeril in addition to a proton pump inhibitor (omeprazole) The progress notes from his pain management physician dated 10/30/12, 12/04/12,4/22/12 always report the IW has severe back pain despite continued treatment with opioids. The only functional assessment provided is always a repeated statement contained in the progress notes stating without medications the IW is not able to get out of bed and with medications he is able to do daily activities around his home. A previous request for the prescriptions of Flexeril, Omeprazole, Oxycodone and MS Contin were determined to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** Per the guidelines in the MTUS chronic pain guidelines the use of Flexeril is recommend only as short course of therapy. In this case, the IW reports of chronic back pain and the use of Flexeril has been documented to have been initiated as far back as 2005. This is not consistent with the recommendations and is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drug), GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** Per the recommendations regarding the use of proton pump inhibitors (in this case Omeprazole), it is recommended when the patient is using NSAIDs and is either at intermediate or high risk for gastrointestinal events. In this case, the IW is not currently using NSAIDs for treatment and does not have any reported risk factors for gastrointestinal events. Therefore the use of Omeprazole is not medically necessary.

**Oxycodone 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids Page(s): 79.

**Decision rationale:** Per the recommendations contained in the chronic pain medical treatment guidelines, opioids should be discontinued if there is no overall improvement in function. In this case, the IW has been on several Opioids since initiating opioid therapy in 2003. The IW still reports severe pain in his lower back. The notes provided by his treating pain management specialist do not contain a functional assessment to support the continued use of Opioids for pain control. Therefore the request for Oxycodone 30 mg #90 and MS Contin 60 mg #90 is not medically necessary.

**MS Contin 60mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids Page(s): 79.

**Decision rationale:** Per the recommendations contained in the chronic pain medical treatment guidelines, opioids should be discontinued if there is no overall improvement in function. In this case, the IW has been on several Opioids since initiating opioid therapy in 2003. The IW still reports severe pain in his lower back. The notes provided by his treating pain management specialist do not contain a functional assessment to support the continued use of Opioids for pain control. Therefore the request for Oxycodone 30 mg #90 and MS Contin 60 mg #90 is not medically necessary.