

Case Number:	CM14-0161121		
Date Assigned:	10/06/2014	Date of Injury:	12/02/2006
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Interventional Spine 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 patient is a 43 years old female with an injury date on 12/02/2006. Based on the 06/20/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post lumbar spine surgery with fusion, L4-5 and L5-S12. Status post revision lumbar spine surgery with posterior lumbar interbody fusion at L4-S1.3. Bilateral lower extremity radiculopathy. According to this report, the patient complains of continued pain and stiffness to the lumbar spine radiating down the left leg. Physical exam of the lumbar spine reveals tenderness to palpation over the paraspinal region with spasm. Range of motion is limited. Straight leg raise is positive, bilaterally. There is mild decreased sensation in the right L5-S1 dermatomal distributions. The 02/27/2014 report indicates the patient is status post lumbar spine revision on 07/10/2013. There were no other significant findings noted on this report. The utilization review denied the request on 09/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 1/22/2014 to 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30, 1 PO QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63.

Decision rationale: According to the 06/20/2014 report by [REDACTED] this patient presents with pain and stiffness to the lumbar spine radiating down the left leg. The treater is requesting Flexeril 10mg #30 1 PO QD but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 06/20/2014 and the utilization review letter in question is from 09/11/2014. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of reports show no mentions of Flexeril and it is unknown exactly when the patient initially started taking this medication. The treater is requesting Flexeril #30; however, the treater does not mention that this is for a short-term use. Therefore, request is not medically necessary.

Oxycodone HCL 15mg #90 1 PO Q6 hr PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use Of Opioids, Page(s): 76-78.

Decision rationale: According to the 06/20/2014 report by [REDACTED] this patient presents with pain and stiffness to the lumbar spine radiating down the left leg. The treater is requesting Oxycodone HCL 15mg #90 1PO Q6 hour PRN but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 06/20/2014 and the utilization review letter in question is from 09/11/2014. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show no mentions of Oxycodone HCL and it is unknown exactly when the patient initially started taking this medication. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore request is not medically necessary.

