

<b>Case Number:</b>	CM14-0211755		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 39 year old male with an injury date of 03/21/12. Submitted progress reports were handwritten by treater and illegible. Based on the UR letter dated 11/20/14, the patient complains of left leg pain radiating to left foot and thigh with pain rated 8/10. No physical examination or range of motion documentation noted on submitted progress reports. Patient has had 3 sessions of physical therapy. Patient's current medications include Gralise, Prilosec, Flexeril, OxyContin and Paxil. Work status not noted. Diagnosis (UR letter 11/20/14)- traumatic brain injury (TBI) - back pain - cognitive deficits - depression. The utilization review determination being challenged is dated 11/20/14. The rationale follows: 1) FLEXERIL 10MG #30, THREE REFILLS: "amount which exceeds the recommended duration" 2) OXYCONTIN 10MG #60: "should have some mechanism in place to address risk and assess efficacy... no evidence of this sort of monitoring" Treatment reports were provided from 05/14/14 to 11/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg # 30, three 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): 63-66.

**Decision rationale:** The patient presents with left leg pain radiating to left foot and thigh with pain rated 8/10. The request is for FLEXERIL 10MG #30, THREE REFILLS. Patient has had 3 sessions of physical therapy. Patient's current medications include Gralise, Prilosec, Flexeril, OxyContin and Paxil. Work status not noted. MTUS pg. 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater requests Flexeril for spasms. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for quantity #30 with 3 refills does not indicate intended short-term use. The request would exceed MTUS recommendation, therefore, the request IS NOT medically necessary.

**Oxycontin 10 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient presents with left leg pain radiating to left foot and thigh with pain rated 8/10. The request is for OXYCONTIN 10MG #60. Patient has had 3 sessions of physical therapy. Patient's current medications include Gralise, Prilosec, Flexeril, OxyContin and Paxil. Work status not noted. 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. Treater requests Oxycontin for pain. In this case, treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant behavior, specific ADL's, etc. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.