

Case Number:	CM14-0218558		
Date Assigned:	01/08/2015	Date of Injury:	10/05/2005
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained a work related injury on 10/05/2005. According to a progress report dated 05/24/2013, the injured worker's medication regimen included Flexeril. According to an office visit dated 08/25/2014, the injured worker complained of daily pain in the lower lumbar area from approximately L3 down to the coccyx. The provider's impression was noted as lumbar disc disorder at L5-S1 and Coccydynia. The injured worker had a disc bulge at the L5-S1 level. Electromyography and Nerve Conduction Velocity studies of the bilateral lower extremities were negative. She had a loss of motion but a normal neurologic exam. Medications included Oxycodone, Flexeril and Lyrica. Recommendations included an office visit every 1-3 months, 12-24 therapy visits in a year for flare-ups, medication and a water therapy program for a minimum of 6 months. No surgical intervention was expected. Work restrictions included a 10 pound lifting limit and required to stand or sit no more than 4 hours per day for each activity. Activities should be broken into 30 minute segments. According to a progress report dated 11/24/2014, the injured worker was seen for routine med check and requested prescription for oxycodone as she had trouble swallowing Percocet tablets. She also needed a refill for Flexeril. On 12/15/2014, Utilization Review non-certified prospective use of Oxycodone 5mg #60 and prospective use of Oxycodone 5mg #30 (do not fill prior to 12/24/2014) and modified Cyclobenzaprine. 10mg #60 (3) refills. According to the Utilization Review physician in regards to Oxycodone, although the claimant should have already been completely weaned from this medication as previously "warned" it is the provider's responsibility to use his/her own judgment and/or protocol, based on the individual needs of the claimant,

which may or may not include additional weaning through the provider. In order for this medication to be considered on subsequent review, submission of documentation regarding compliance with Chronic Pain Medical Treatment Guidelines and documentation of ongoing medication efficacy with evidence of efficacy and objective functional benefit as a result of medication, the need for continuation will be required. In regard to the Cyclobenzaprine, partial certification was provided for downward titration and complete discontinuation of this medication on subsequent review, as long term use of the this medication is not recommended. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines Opioids and Muscle Relaxants and Official Disability Guidelines TWC Pain, Anti-Spasticity Drugs. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review regarding her oxycodone use was completed around the time of this request for renewal. There was insufficient documentation to show oxycodone's positive effect on her function and pain levels (measurably), which is required before any consideration for renewal can be made. Therefore, the oxycodone 5 mg #60 and oxycodone 5 mg #30 will both be considered medically unnecessary to continue. Weaning may be necessary.

Cyclobenzaprine 10mg #60 (Refill times 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence.

Oxycodone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review regarding her oxycodone use was completed around the time of this request for renewal. There was insufficient documentation to show oxycodone's positive effect on her function and pain levels (measurably), which is required before any consideration for renewal can be made. Therefore, the oxycodone 5 mg #60 and oxycodone 5 mg #30 will both be considered medically unnecessary to continue. Weaning may be necessary.