

Case Number:	CM14-0074335		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2002
Decision Date:	05/27/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/21/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 60 year old male, who sustained an industrial injury on 10/02/2002. The injured worker was diagnosed as having chronic industrial lower back injury, chronic low back pain, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment to date has included diagnostics, rhizotomies, and medications. A medical report dated 10/14/2013, noted the use of OxyContin 80mg twice daily for approximately 8 years, noting stability on current regime. On 3/17/2014, the injured worker complained of chronic back pain, exacerbated by his inability to access his medication. Physical exam noted decreased lumbar range of motion, normal motor exam in the lower extremities, and diminished patellar and ankle jerk reflexes. The treatment plan included medication renewal of OxyContin and trial Amrix was noted. On 3/31/2014, he continued to complain of chronic back pain. Pain ratings were not noted. It was documented that samples of Amrix seemed to help him (not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription for Oxycontin 80 mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for chronic back pain. Medications include OxyContin at a total MED (morphine equivalent dose) of 240 mg per day. When seen, he had improved pain after restarting medications. Physical examination findings included decreased reflexes and he was using a cane when walking. Amrix was started for extended medication management and for relaxation. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, OxyContin 80 mg #60 was not medically necessary.

One prescription for Amrix 15 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for chronic back pain. Medications include OxyContin at a total MED (morphine equivalent dose) of 240 mg per day. When seen, he had improved pain after restarting medications. Physical examination findings included decreased reflexes and he was using a cane when walking. Amrix was started for extended medication management and for relaxation. Amrix is an extended release formulation of cyclobenzaprine. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. It is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. In this case, there were no complaints or physical examination findings of muscle spasms when the medication was prescribed. It was therefore not medically necessary.