

<b>Case Number:</b>	CM15-0011979		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 & Rehabilitation

### 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 48 year old male, who sustained an industrial injury on 2/15/02. He has reported lower back pain. The diagnoses have included status post anterior lumbar fusion L5-S1, lower extremity radiculopathy and failed back syndrome. Treatment to date has included spinal cord stimulator, diagnostic studies and oral medications. As of the PR2 dated 11/20/14, the injured worker reported pain in the low back with spasms and neuropathic pain symptoms at bedtime. The treating physician requested Flexeril 10mg #60 x 3refills and Oxycontin 15mg #90. On 1/5/15 Utilization Review modified a request for Flexeril 10mg #60 x 3refills to Flexeril 10mg #20 and Oxycontin 15mg #90 to Oxycontin 15mg #60. The utilization review physician cited the MTUS chronic pain medical treatment. On 1/21/15, the injured worker submitted an application for IMR for review of Flexeril 10mg #60 x 3refills and Oxycontin 15mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 2 tablets at bedtime #60 refill x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FlexerilMuscle relaxants (for pain) Page(s): 41-42, 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for FLEXERIL 10MG 2 TABLETS AT BEDTIME #60 REFILL X3 on 11/20/14 . Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient's work status is not included in the provided documentation. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.

**Oxycontin 15mg every 8 hours #90:** 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): 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for OXYCONTIN 15MG EVERY 8 HOURS #90 on 11/20/14. Patient has begun taking Oxycontin at the 15mg strength two weeks prior to 11/20/14 report. For chronic opioids 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. The patient's work status is not included in the provided documentation. In this case, the treater indicates a decrease in pain with current medications which include Oxycontin, stating "he began Oxycontin at the 15mg strength. He finds that it is very effective" per 11/20/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.