

<b>Case Number:</b>	CM15-0113585		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/02/1989
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 56 year old male, who sustained an industrial injury on 8/02/1989. He reported a five hundred pound object rolled on top of him causing back injuries. Diagnoses include ankylosing spondylitis, retrolisthesis and herniated lumbar discs. Treatments to date include medication management and physical therapy. Currently, he complained of low back pain associated with numbness, spasms, fatigue, swelling and weakness. The pain was rated 10/10 VAS at worst and 7/10 VAS at best. The average pain was rated 9/10 VAS. On 5/22/15, the physical examination documented decreased lumbar range of motion due to pain, decreased sensation in lower extremities, and trigger points in bilateral gluteus muscles. The medical records indicated renal compromise rendering some medications that are metabolized through the renal system. In addition, the medical records indicated intolerance to lyrica and gabapentin. The medical records further indicated the development of bruxism secondary to lack of adequate pain control. The plan of care included OxyContin 60MG tablets #60; OxyContin 20mg #90; and Cyclobenzaprine 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

**Decision rationale:** Based on the 05/07/15 progress report provided by treating physician, the patient presents with low back pain that radiates down both legs. The request is for Cyclobenzaprine 10mg #60. Patient's diagnosis per Request for Authorization form dated 05/28/15, and 06/18/15 includes sciatica. Patient's diagnosis on 05/07/15 included chronic lumbar radiculitis, chronic myofascial pain syndrome, and spinal disc disease. The patient ambulates with antalgic gait on the right and utilizes a single point cane. Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation to sciatic notch, and trigger points at gluteus medius, gluteus maximus, and quadratus lumborum region. Range of motion was decreased, especially on extension which was neutral with facet pain. Sensory examination in the lower extremities demonstrated paresthesias along the medial and lateral aspect of right leg. Deep tendon reflexes decreased at bilateral ankles. Treatments to date have included imaging and electrodiagnostic studies, physical therapy, functional restoration program and medication management. Patient's medications include Cyclobenzaprine, Oxycontin, and Oxycodone. The patient is medically disabled, per 05/22/15 report. Treatment reports were provided from 01/03/12 - 05/22/15. 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." Cyclobenzaprine has been included in patient's medications, per progress reports dated 05/12/14, 11/13/14, and 05/22/15. Per 01/06/15 report, treater states "the medication [the patient] has been currently using has been helpful and effective for reducing his pain levels to more tolerable levels so he can function independently with most ADL's. Without the medication, he is not able to function as independently. He has been very compliant with the medication with no advertent behavior." Per 02/03/15 report, treater states the patient had "no adverse reactions or side effects to the medication and is showing good tolerance." Per 03/25/15 report, treater states medications allowed [the patient] to function with daily activities. However, MTUS only recommends short-term use of muscle relaxants. Per patient's prescription history dated 04/06/15 provided in medical records, Cyclobenzaprine has been dispensed to patient since 07/19/13. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Oxycontin 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81; 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89, 80-81.

**Decision rationale:** The request is for Oxycontin 60mg #60. Patient's diagnosis per Request for Authorization form dated 03/31/15, 05/28/15, and 06/18/15 includes sciatica. Patient's diagnosis per Request for Authorization form dated 05/28/15, and 06/18/15 includes sciatica. Patient's diagnosis on 05/07/15 included chronic lumbar radiculitis, chronic myofascial pain syndrome, and spinal disc disease. The patient ambulates with antalgic gait on the right and utilizes a single point cane. Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation to sciatic notch, and trigger points at gluteus medius, gluteus maximus, and quadratus lumborum region. Range of motion was decreased, especially on extension, which was neutral with facet pain. Sensory examination in the lower extremities demonstrated paresthesias along the medial and lateral aspect of right leg. Deep tendon reflexes decreased at bilateral ankles. Treatments to date have included imaging and electrodiagnostic studies, physical therapy, functional restoration program and medication management. Patient's medications include Cyclobenzaprine, Oxycontin, and Oxycodone. The patient is medically disabled, per 05/22/15 report. Treatment reports were provided from 01/03/12 - 05/22/15. 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. MTUS p77 states, Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycontin has been included in patient's medications, per progress reports dated 05/12/14, 11/13/14, and 05/22/15. Per patient's prescription history dated 04/06/15 provided in medical records, Oxycontin has been dispensed to patient since 09/21/11. Per 01/06/15 report, treater states "the medication [the patient] has been currently using has been helpful and effective for reducing his pain levels to more tolerable levels so he can function independently with most ADL's. Without the medication, he is not able to function as independently. He has been very compliant with the medication with no advertent behavior." Per 02/03/15 report, treater states the patient had "no adverse reactions or side effects to the medication and is showing good tolerance." However, treater has provided general statements and not discussed how Oxycontin reduces pain and significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS's dated 01/03/12, 07/10/14, and 05/22/15 were provided showing results consistent with prescriptions; but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, this patient is prescribed Oxycodone as well. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances.

Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Oxycodone 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81; 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89, 80-81.

**Decision rationale:** The request is for Oxycodone 10MG #90. Patient's diagnosis per Request for Authorization form dated 05/28/15, and 06/18/15 includes sciatica. Patient's diagnosis on 05/07/15 included chronic lumbar radiculitis, chronic myofascial pain syndrome, and spinal disc disease. The patient ambulates with antalgic gait on the right and utilizes a single point cane. Physical examination to the lumbar spine on 05/07/15 revealed tenderness to palpation to sciatic notch, and trigger points at gluteus medius, gluteus maximus, and quadratus lumborum region. Range of motion was decreased, especially on extension, which was neutral with facet pain. Sensory examination in the lower extremities demonstrated paresthesias along the medial and lateral aspect of right leg. Deep tendon reflexes decreased at bilateral ankles. Treatments to date have included imaging and electrodiagnostic studies, physical therapy, functional restoration program and medication management. Patient's medications include Cyclobenzaprine, Oxycontin, and Oxycodone. The patient is medically disabled, per 05/22/15 report. Treatment reports were provided from 01/03/12 - 05/22/15. 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. MTUS p77 states, Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pages 80,81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Oxycodone has been included in patient's medications, per progress reports dated 05/12/14, 11/13/14, and 05/22/15. Per patient's prescription history dated 04/06/15 provided in medical records, Oxycodone has been dispensed to patient since 09/21/11. Per 01/06/15 report, treater states "the medication [the patient] has been currently using has been helpful and effective for reducing his pain levels to more tolerable levels so he can function independently with most ADL's. Without the medication, he is not able to function as independently. He has been very compliant with the medication with no advertent behavior." Per 02/03/15 report, treater states the patient had "no adverse reactions or side effects to the medication and is showing good tolerance." However, treater has provided general statements and not discussed how Oxycodone reduces pain and significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS's dated

01/03/12, 07/10/14, and 05/22/15 were provided showing results consistent with prescriptions; but no opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, this patient is prescribed Oxycontin as well. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.