

Case Number:	CM15-0114268		
Date Assigned:	07/23/2015	Date of Injury:	03/26/2010
Decision Date:	09/01/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 28 year old, female who sustained a work related injury on 3/26/10. The diagnoses have included low back pain, lumbar intervertebral disc displacement without myelopathy, lumbosacral neuritis/radiculitis and hip pain. Treatments have included oral medications, Lidocaine patches, home exercises, physical therapy, lumbar epidural steroid injections, and a right sacroiliac injection with benefit. In the PR-2 dated 5/1/15, the injured worker complains of ongoing severe pain in right low back and tingling in her right foot. She has tenderness to palpation of the transverse process on the right at L4. She has decreased range of motion in low back and pain with motion. Motor strength in legs is 5/5. She states the medications help with her pain and provide functional gains by assisting her work duties, mobility, activities of daily living and restorative sleep. She states the medications reduce her pain levels from an 8/10 to 3/10. Most recent urine drug screen done in 3/12/15 is positive for Oxycodone, Noroxycodone and Oxymorphone. She is not working. The treatment plan includes refill prescriptions for medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Opioids, dosing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Oxycodone is an opioid medication with the potential to be addictive. 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. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." It is noted that the injured worker has been on this medication for a minimum of 6 months. The documentation does not show a significant change in pain levels, how effective the Oxycodone has been in relieving his pain or any improvements made in functional capacity. There is insufficient documentation noted about how she takes the Oxycodone in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. Documentation does include a toxicology screen performed on 3/12/15 which was positive for Oxycodone. Since there is insufficient documentation of an improvement in pain level, a decrease in overall pain, an increase in functional capacity and she has been taking this medication long-term, this request treatment for Oxycodone is not medically necessary.

90 Oxycontin 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Opioids, dosing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per CA MTUS guidelines, Oxycontin is a controlled release form of Oxycodone. Oxycodone is an opioid medication with the potential to be addictive. It is for the short-term use for pain relief. "Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic." It is noted that the injured worker has been on this medication for a minimum of 5 months. There is no documentation noted about how she takes the Oxycontin in relation to usual dosage, how long it takes the medication to start working or how long any pain relief lasts. Long term use of opioid medications is not recommended. It is not recommended that opioid medications be abruptly discontinued. "There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care." CA MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living

or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Documentation includes a recent toxicology screen done on 3/12/15 that is positive for this medication. Since she has taken this medication long-term and there is insufficient documentation of any improvement in functional capabilities, this request for Oxycontin is not medically necessary.

90 Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Fexmid, generic available); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED] [REDACTED]" Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long term use of Cyclobenzaprine is not recommended. She has taken this medication for greater than 6 months. She does not complain of muscles spasms and there are no spasms palpated on physical examination. For these reasons, the request for Cyclobenzaprine is not medically necessary.

One random urine drug: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: Per CA MTUS guidelines, urinalysis is used as a way of drug testing. "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." She is taking opioid medications that warrant the use of urinalysis drug screening. She is not exhibiting any indications of opioid abuse. She had a urine drug screen done on 3/12/15. Since she is not showing any signs of abuse and she had a recent drug test done, the requested treatment of a urine drug screen is not medically necessary.