MAXIMUS Federal Services

Case Number:	CM15-0117148		
Date Assigned:	07/01/2015	Date of Injury:	04/17/2003
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 39-year-old female, with a reported date of injury of 04/17/2003. The mechanism of injury was not indicated. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include failed back surgery syndrome, status post L5-S1 discectomy and L5-S1 posterior fusion, chronic lumbar neuropathic pain and epidural fibrosis of S1 nerves, and thoracolumbar spinal cord stimulator implant. Treatments and evaluation to date have included a spinal cord stimulator implant in 02/2009, oral medications, and L5-S1 discectomy and L5-S1 posterior fusion in 2003. The diagnostic studies to date have included urine drug screenings. The progress report dated 05/06/2015 indicates that the injured worker had a history of chronic neuropathic pain, due to epidural fibrosis. There was an aching pain over the thoracolumbar spine with radiation into both buttocks. The injured worker rated her pain 4 out of 10. There was documentation that the injured worker denied adverse side effects from the medications and felt that the current medications were helping her as far as reducing the pain and improving her function. The physical examination showed full range of motion and strength of the upper extremities, an unassisted gait, and stability. A urine drug screen was collected in 04/2015 and a CURES report was obtained on the day of the visit. There were no inconsistencies noted. The treating physician was made aware of the medication prescribed by the injured worker's surgeon prior to the surgery. The progress report dated 03/10/2015 indicated that the treatment regimen maintained the pain at 2 out of 10, and without medication and alternate treatment, the pain levels were 6 out of 10. The treatment plan included seeing the

injured worker monthly for pain management treatment. The treating physician requested Oxycodone 10/325mg #110 and Cyclobenzaprine 5mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #110: 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): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The injured worker had been receiving treatment for chronic neuropathic pain in the lumbar spine. There is no evidence of significant pain relief or increased function from the opioids used to date. Opioids have been prescribed since 01/08/2013. It was noted that the injured worker reported the same level of chronic pain and that the medications were helpful in providing 30% pain relief and allowed her to continue functioning. The CA MTUS guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. Therefore, the request for Oxycodone is not medically necessary.

Cyclobenzaprine 5mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63-65.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate, "Treatment should be brief." The treatment plan included reducing the dosage of Cyclobenzaprine; however, the medication has been prescribed since 01/08/2013. The guidelines recommend Cyclobenzaprine for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. Therefore, the request for Cyclobenzaprine is not medically necessary.