

Case Number:	CM15-0128797		
Date Assigned:	07/15/2015	Date of Injury:	09/29/2013
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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 50 year old male who sustained an industrial injury on September 29, 2013. He has reported injury to the lumbar spine and has been diagnosed with history of lumbar laminectomy and TLIF, history of prior lumbar surgeries, intractable lumbar pain, lumbar radiculopathy, chronic cervical pain with radiculopathy, history of cervical spine surgery, history of right shoulder surgery, and depression and anxiety. Treatment has included medications, injections, physical therapy, and surgery. Objective findings note no signs of sedation. Gait was antalgic. There was marked reduction in the lumbar spine. There was no lower extremity edema or swelling. The treatment request included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

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

Decision rationale: The patient presents with cervical and lumbar pain with radiation to lower extremities bilaterally rated 1-2/10 with and 7/10 without medications. The request is for Flexeril 10mg #90. The request for authorization is dated 06/11/15. The patient is status post L4-5 posterior spinal fusion, 02/16/15. Physical examination reveals spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4, L5 and S1 dermatomal distributions bilaterally. Patient had epidural injections, which provided only short amount of improvement. He reports some exacerbated pain after starting course of physical therapy recently, but overall, he continues to benefit from his oral medication. He has been weaning down on his medications for the last 6-8 weeks. He is able to walk and goes on long walks and hikes without any significant difficulties. Per progress report dated 06/08/15, the patient is on temporary total disability. 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." Per progress report dated 02/03/15, treater's reason for the request is "to maintain functional capacity. Medications are addressing his nociceptive and neuropathic pains adequately." The patient has been prescribed Flexeril since at least 02/03/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

OxyContin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, OxyContin, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with cervical and lumbar pain with radiation to lower extremities bilaterally rated 1-2/10 with and 7/10 without medications. The request is for Oxycontin 30mg #90. The request for authorization is dated 06/11/15. The patient is status post L4-5 posterior spinal fusion, 02/16/15. Physical examination reveals spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4, L5 and S1 dermatomal distributions bilaterally. Patient had epidural injections, which provided only short amount of improvement. He reports some exacerbated pain after starting course of physical therapy recently, but overall, he continues to benefit from his oral medication. He has been weaning down on his medications for the last 6-8 weeks. He is able to walk and goes on long walks and hikes without any significant difficulties. Per progress report dated 06/08/15, the patient is on temporary total disability. 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. 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." Per progress report dated 07/02/15, treater's reason for the request is "for breakthrough pain." The patient has been prescribed Oxycontin since at least 10/13/14. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4A's, treater does not discuss how Oxycontin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Oxycontin. No validated instrument is used to show functional improvement. There are documentation and discussion regarding adverse effects but not aberrant drug behavior. No UDS, CURES or opioid contract. Some but not all of the guidelines requirements are documented. Therefore, the request is not medically necessary.

Oxycodone #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with cervical and lumbar pain with radiation to lower extremities bilaterally rated 1-2/10 with and 7/10 without medications. The request is for Oxycodone #120. The request for authorization is dated 06/11/15. The patient is status post L4-5 posterior spinal fusion, 02/16/15. Physical examination reveals spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4, L5 and S1 dermatomal distributions bilaterally. Patient had epidural injections, which provided only short amount of improvement. He reports some exacerbated pain after starting course of physical therapy recently, but overall, he continues to benefit from his oral medication. He has been weaning down on his medications for the last 6-8 weeks. He is able to walk and goes on long walks and hikes without any significant difficulties. Per progress report dated 06/08/15, the patient is on temporary total disability. 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. 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." Per progress report dated 07/02/15, treater's reason for the request is "for breakthrough pain." The patient has been prescribed Oxycodone since at least 10/13/14. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4A's, treater does not discuss how Oxycodone significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Oxycodone. No validated instrument is used to show functional improvement. There are documentation and discussion regarding adverse effects but not aberrant drug behavior. No UDS, CURES or opioid contract. Some but not all of the guidelines requirements are documented. Therefore, the request is not medically necessary.