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| Case Number: | CM15-0174656 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 09/19/1999 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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 41 year old female, who sustained an industrial injury on September 19, 1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine radiculopathy, lumbar spine pain, fibromyalgia-myositis, and lumbar degenerative disc disease. On August 7, 2015, the injured worker reported lower back pain with more trouble sleeping due to the pain. The Treating Physician's report dated August 7, 2015, noted the injured worker's medications continued to help reduce her pain to a more tolerable level. The injured worker was noted to have been slowly reducing her medications over time, with the reduction of the Lyrica had been causing her pain to be more severe. The physical examination was noted to show the lumbar spine range of motion (ROM) limited by pain and guarding in all planes, with positive right straight leg raise. Palpation of the lumbar facet revealed pain on both sides at the L3-S1 region, with pain over the lumbar intervertebral spaces on palpation, and bilateral lumbosacral paraspinous tenderness, noted to be more severe than at the previous visit. Palpable twitch positive trigger points were noted in the lumbar paraspinous muscles. Palpation of the greater trochanteric bursa revealed tenderness bilaterally. The Physician noted the injured worker was having a severe exacerbation of back and leg pain, making it very difficult for her to function, spending more time in bed. The injured worker's CURES report was reviewed, and the drug screen at the previous visit was noted to be consistent with the medications prescribed. Prior treatments have included epidural steroid injections (ESIs) noted to have helped, and medications. The treatment plan was noted to include the injured worker's current prescribed medications of Cymbalta, prescribed since at least February

2015, Flexeril, prescribed since at least February 2015, Oxycodone, prescribed since at least February 2015, OxyContin, prescribed since at least February 2015, Senna, and Xanax, prescribed since at least February 2015, with Lyrica prescribed by her primary care physician. The Treating Physician's request for authorization was noted to request Xanax 0.25mg #120, Senna 8.6mg #60, Cymbalta 60mg #60, Oxycodone 15mg #120, and Flexeril 10mg #90. The Utilization Review (UR) dated August 13, 2015, certified the requests for Xanax 0.25mg #120, Senna 8.6mg #60, and Cymbalta 60mg #60, non-certified the request for Flexeril 10mg #90, and modified the request for Oxycodone 15mg #120 to certification of #68, with the remaining #52 tablets non-certified.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The patient presents on 08/07/15 with unrated lower back pain. The patient's date of injury is 09/19/99. The request is for FLEXERIL 10MG #90. The RFA is dated 08/10/15. Physical examination dated 08/07/15 reveals tenderness to palpation of the lumbar facets, paraspinal muscles, and intervertebral spaces with trigger points and positive straight leg raise test noted bilaterally. Neurological examination reveals decreased sensation in the right lower extremity along the S1 dermatomal distribution. The patient is currently prescribed Cymbalta, Flexeril, Oxycodone, Senna, and Xanax. Patient's current work status is not provided. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 02/11/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 90 tablets in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents on 08/07/15 with unrated lower back pain. The patient's date of injury is 09/19/99. The request is for OXYCODONE 15MG #120. The RFA is dated 08/10/15. Physical examination dated 08/07/15 reveals tenderness to palpation of the lumbar facets, paraspinal muscles, and intervertebral spaces with trigger points and positive straight leg raise test noted bilaterally. Neurological examination reveals decreased sensation in the right lower extremity along the S1 dermatomal distribution. The patient is currently prescribed Cymbalta, Flexeril, Oxycodone, Senna, and Xanax. Patient's current work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 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." In regard to Oxycodone for the management of this patient's chronic pain, the treater has not provided adequate documentation of opiate efficacy to continue use. Progress note dated 08/07/15 has the following: "The medications continue to help reduce her pain to a more tolerable level." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings) attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no measures of analgesia via a validated scale or activity-specific functional improvements are provided. The provider does note prior consistency, normal CURES reports, and a lack of aberrant behavior. However, without documentation of analgesia via a validated scale, and clear activity-specific functional benefits, continuation of narcotic medications cannot be substantiated and this patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.