

Case Number:	CM15-0177616		
Date Assigned:	09/18/2015	Date of Injury:	04/01/2000
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male with a date of injury on 4-1-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, cervical radiculopathy, dysphagia due to post-operative from cervical surgery and cervicogenic headaches. Medical records (2-4-2015 to 6-18-2015) indicate ongoing low back pain and neck pain. According to the progress report dated 6-18-2015, the injured worker complained of a flare up of low back pain rated ten out of ten. He reported radiation of pain to the buttock, side and down the thighs into the left groin area, inside leg and outside calf. He reported that his current medication regimen worked well when he was not having a flare up. He also complained of neck pain with radiation to the shoulders, elbows, thumbs and fingers. He complained of shoulder pain with radiation to the upper extremities. He also complained of headaches. Per the treating physician (6-18-2015), the employee was permanently and totally disabled. The physical exam (6-18-2015) revealed moderate paralumbar muscle spasms. Straight leg raise was positive bilaterally. There was tenderness from T4-7 parathoracic and spinous region. There was mild spasm of the parathoracic muscles. There was moderate paracervical muscle spasm. Treatment has included transcutaneous electrical nerve stimulation (TENS) unit, surgery, cervical collar and medications. The injured worker has been prescribed Norco and Flexeril since at least 2-4-2015. Morphine IR was discontinued due to a questionable rash. The original Utilization Review (UR) (8-10-2015) modified a request for 20 tablets of Oxycodone IR 10mg to 10 tablets. UR non-certified a request for Diclofenac. UR modified a request for 90 tablets of Flexeril to 45 tablets of Flexeril and modified a request for 150 tablets of Norco 10-325mg to 75 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #20: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Oxycodone (Oxy-IR, immediate-release) is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. According to the ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There was no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested opioid analgesic was not established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycodone is not medically necessary.

Diclofenac 100mg 1month supply: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases

periodically in patients receiving long-term therapy with Diclofenac, which was not documented prior to continuation of this medication. In this case, there is no documentation of functional benefit in the past. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Flexeril #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Cyclobenzaprine (Flexeril).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. It is not recommended to be used for longer than 2-3 weeks. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use (since 2/4/2015). Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Norco 10/325mg #150: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date (since 2/4/2015). Medical

necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.