

Case Number:	CM15-0177800		
Date Assigned:	09/18/2015	Date of Injury:	02/05/1999
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old male, with a reported date of injury of 02-05-1999. The diagnoses include neck pain, thoracic spondylosis without myelopathy, and cervical spondylosis without myelopathy. Treatments and evaluation to date have included Oxycodone (since at least 12-2014), Roxicodone (since at least 02-2015), Flexeril (since at least 08-2015), and Lidoderm patch (since at least 06-2015). The diagnostic studies to date have included a urine drug screen on 06-15-2015, which was positive for Oxycodone, Oxymorphone, and Cyclobenzaprine. The medical report dated 08-13-2015 indicates that the injured worker complained of neck pain. He rated his pain 7 out of 10 (06-15-2015 to 08-13-2015). The injured worker indicated that his current medications were working well to help control his pain, and he requested a refill. The physical examination showed right decreased neck range of motion; tenderness to palpation of the cervical paraspinal muscle; positive spasm; bilateral cervical trigger point; bilateral trapezius trigger point; bilateral rhomboid trigger point; positive bilateral tenderness to palpation of the cervical facet joint; positive Spurling's test; and positive foraminal compression test. It was noted that without the medications, the injured worker indicated that he was bedbound. It was also noted that with the medications, he was able to mow the lawn, climb stairs, go to the grocery store, and do household chores. The treatment plan included Oxycodone (Roxicodone) for breakthrough pain, Flexeril (Cyclobenzaprine) for muscle spasms, and Lidoderm patch. The injured worker's work status was not indicated. The request for authorization was dated 08-13-2015. The treating physician requested Cyclobenzaprine 10mg #90, Roxicodone 30mg #150, and Lidoderm 5% patch #90. On 08-25-2015, Utilization Review (UR) modified the request for Cyclobenzaprine 10mg #90 to Cyclobenzaprine 10mg #60 and Roxicodone 30mg #150 to Roxicodone 30mg #120; and non-certified the request for Lidoderm 5% patch #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 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), Muscle relaxants (for pain).

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. Cyclobenzaprine is more effective than placebo in the management of back pain, but the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on muscle relaxers make the quantity of medications currently requested not medically necessary.

Roxicodone 30mg #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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for roxicodone is not medically necessary.

Lidoderm 5% #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): Lidoderm (lidocaine patch).

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time is not medically necessary.