

Case Number:	CM15-0026361		
Date Assigned:	02/19/2015	Date of Injury:	08/27/1991
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on August 27, 1991. His diagnoses include low back pain, status post multiple surgeries and prostate cancer with bone metastasis with radiation therapy. There is no record of recent MRI. Electrodiagnostic studies were performed on September 26, 2014. He has been treated with short-acting and long-acting pain, muscle relaxant, and antidepressant medications. On January 26, 2015, his treating physician reports low back pain with left lower extremity radicular symptoms. His pain level is 8/10 without pain medications, and 4/10 with pain medications. He has occasional falls. Current medications include short-acting and long-acting pain, and two antidepressants. The physical exam revealed no significant changes. The treatment plan includes adjustments of the short-acting and long-acting pain medications. On February 11, 2015, the injured worker submitted an application for IMR for review of a prescription for Oxycodone 15mg #125 and a prescription for Flexeril 10mg #30. The Oxycodone was modified based on the lack of documentation of objective functional improvement that would support the subjective benefit noted, and the lack of documentation of risk assessment and attempts at weaning. Partial certification of the Oxycodone was recommended to allow for an opportunity to submit the aforementioned documentation, or to initiate weaning and subsequent complete discontinuation if compliance has not been met. The Flexeril was modified based on lack of documentation of muscle spasms upon examination, and long-term use of this medication is not supported. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines) and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #125: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone 15mg #125 is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute

exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. In this case, the patient is suffering from chronic low back pain and on his recent progress report, there was no documentation of spasms upon examination. Therefore the request for authorization Flexeril 10mg QTY: 30 is not medically necessary.