

Case Number:	CM15-0068371		
Date Assigned:	04/16/2015	Date of Injury:	09/19/1994
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/10/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 9/19/1994. Diagnoses have included lumbar radiculopathy, sacroiliac joint dysfunction, thoracic spondylosis without myelopathy, lumbar degenerative disc disease, cervical myofascial pain syndrome and chronic pain. Treatment to date has included cervical epidural steroid injection and medication. According to the progress report dated 3/6/2015, the injured worker complained of bilateral buttock area pain, severe mid-thoracic area pain and lower back pain with radicular pain to both lower extremities. He rated his current pain on a good day as 5 and his current pain on a bad day as 8. Exam of the cervical spine revealed mild to moderate diffuse tenderness. Exam of the lumbar spine revealed mild, diffuse tenderness. Range of motion was limited. Straight leg raising test was positive bilaterally. Authorization was requested for Oxycontin, Percocet, Lyrica and Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Oxycontin. The request IS NOT medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Percocet. The request IS NOT medically necessary.

Amrix 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to

dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Amrix. This is not medically necessary and the original UR decision is upheld. The request IS NOT medically necessary.