

Case Number:	CM15-0069060		
Date Assigned:	04/16/2015	Date of Injury:	06/07/2012
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
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: New Jersey

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 (IW) is a 60 year old female who sustained an industrial injury on 06/07/2012. She reported low back pain and leg pain, right -sided lower extremity pain post posterior lumbar interbody fusion at L3-4. The injured worker was diagnosed as having lumbar spondylosis with stenosis and instability, L2-3 and debilitating symptoms despite extensive non-operative treatment for over a year. Treatment to date has included medications and a home exercise program. Currently, the injured worker complains of progressive pain, left hip flexion weakness, and chronic lower back pain. A lumbar decompression L2-3 with fusion and internal fixation, L2-4 is planned. Prospective requests for authorization were made for: Oxycontin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Oxycontin 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show this full review was completed. There was no report found in previous record to show specific functional gains directly related to OxyContin 10 mg use, and upon searching in more recent notes there was also a lack of evidence of functional gain regarding the OxyContin 20 mg dose as well. Therefore, without more clear evidence of benefit with ongoing use of this medication, the request for OxyContin 20 mg is not medically necessary.

Prospective: Flexeril 10mg, #120, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of ongoing, chronic use of Flexeril leading up to this request for continued chronic use for many more months, which is not recommended use for this class of medication. There was also no evidence of a recent flare-up which might have warranted a short course of this medication. Therefore, the Flexeril is not medically necessary.