

Case Number:	CM15-0073950		
Date Assigned:	04/24/2015	Date of Injury:	12/09/2002
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/17/2015

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: Iowa

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:

This 61 year old male sustained an industrial injury on 12/9/02. He subsequently reported back pain. Diagnoses include spinal/lumbar DDD and post lumbar laminectomy syndrome. Treatments to date have included x-ray and CT studies, surgery, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience neck and low back pain, examination reveals tenderness and spasms with decreased range of motion. A request for Oxycodone, Lorzone and Oxycodone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-96, 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Oxycodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failed first-line therapy or an indicated diagnosis. The documentation does state that the patient experiences decreased pain and ability to perform daily activities while on the medication. However, it also indicates that the patient's pain even on medications has been increasing and the patient continues to experience severe pain and debilitation. There is limited rationale for the extended use of this medication, and documentation contains limited information on the specific functional improvement. The patient is also on other opioid medication, and combination therapy is generally not recommended. Therefore, the request for oxycodone 15 mg #60, is not medically necessary at this time.

Lorzone 375mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle relaxants Page(s): 60-61, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants.

Decision rationale: Lorzone is the brand name of chlrozoaxazone, a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The only potential indication is the documentation of muscle spasms, but it is unclear if these are acute in nature or if the medication is helping with these symptoms since they are still occurring despite ongoing therapy. The patient is also on other chronic pain medication, which is not recommended. Although the documentation states the patient shows improvement on pain medication, the pain has increased over time and the specific functional improvement is not clearly detailed. Therefore the request for Lorzone 375 mg #90, is not medically necessary.

Oxycontin 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-96, 97. Decision based on Non-MTUS Citation Opioids, Oxycodone.

Decision rationale: Oxycontin is the brand name for oxycodone, an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failed first-line therapy or an indicated diagnosis. The documentation does state that the patient experiences decreased pain and ability to perform daily activities while on the medication. However, it also indicates that the patient's pain even on medications has been increasing and the patient continues to experience severe pain and debilitation. There is limited rationale for the extended use of this medication, and documentation contains limited information on the specific functional improvement. The patient is also on other opioid medication, and combination therapy is generally not recommended. Therefore, the request for oxycontin 20 mg #90, is not medically necessary at this time.