

Case Number:	CM15-0074948		
Date Assigned:	04/24/2015	Date of Injury:	03/06/1991
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 was a 59 year old female, who sustained an industrial injury, March 6, 1991. The injured worker suffered a back injury while working. The injured worker previously received the following treatments physical therapy, chiropractic services, message ultrasound, epidural injections, L4-L5 and L5-S1 interbody fusion, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities Flexeril, Vicodin, Soma, Butrans Patches, Cymbalta, Motrin, Elavil, Tylenol #3 and home exercise program and the use of a heating pad. The injured worker was diagnosed with status post L4-L5 and L5-S1 discectomy, laminectomy and interbody fusion, failed back surgery with chronic low back pain and bilateral radicular pain, lumbar spine degenerative disc disease and bilateral sacroiliac joint dysfunction. According to progress note of March 24, 2015, the injured workers chief complaint was lower back pain with radiating pain down bilateral legs. The injured worker described the pain as constant dull, sharp. And stabbing back pain radiating to both lower extremities with a burning sensation and feet numbness. The physical exam noted the injured worker walked with an antalgic gait without assistance of a device or foot drop. There was decreased range of motion to the lumbar spine due to pain. There was decrease pin prick sensation of the lower extremities and the feet. The pinprick test was positive at the sacroiliac joints. The injured worker stated the Butrans patch caused burning sensation after 5 days. There was tenderness with palpation of the lower lumbar paraspinal muscles and bilateral sacroiliac joints with muscle tightness. The treatment plan included prescriptions renewals for Butrans Patches and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg/hr, quantity 4 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Buprenorphine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as butrans.

Flexeril 10mg quantity 60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril
Page(s): 41.

Decision rationale: While the medical records provided for review indicate muscle pain and tenderness, the medical records do not indicate quantity or quality of specific degree of improvement or ongoing functional improvement as result of the medication. Prolonged or continued use of Flexeril is not supported without documentation of specific functional gain. Therefore, the request is not medically necessary.

