

Case Number:	CM15-0079689		
Date Assigned:	04/30/2015	Date of Injury:	02/03/2002
Decision Date:	07/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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: California

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 62 year old male with an industrial injury dated 2/03/2002. The injured worker's diagnoses include lumbar spondylosis at L4-L5 and L5-S1, moderate bilateral neural foraminal stenosis at L4-L5 and L5-S1, myofascial pain with trigger points and opioid dependence. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/17/2015, the injured worker reported lumbar pain with radiation to the bilateral lower extremities. Objective findings revealed tenderness to palpitation throughout the back, decreased range of motion, bilateral plantar flexion weakness, bilateral lumbar radicular signs, positive bilateral straight leg raises and antalgic gait with assistive cane. The treating physician prescribed Oxycodone 15mg, Trazodone 50mg, Naprelan CR 375mg and Cyclobenzaprine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the low back with radiation to both lower extremities. This relates back to an industrial injury on 02/03/2002. The patient's medical diagnoses include bilateral foraminal stenosis involving L4-S1 levels, myofascial pain and chronic opioid dependency. The patient has tenderness on palpation in the lower back and there is reduced ROM. This review addresses a request for Oxycodone 15mg #60 to be taken 1 or 2 po prn. This patient has become opioid dependent, exhibits opioid tolerance, and is exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. In addition, the documentation fails to document a quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with oxycodone is not medically indicated.

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain involving the low back with radiation to both lower extremities. This relates back to an industrial injury on 02/03/2002. The patient's medical diagnoses include bilateral foraminal stenosis involving L4-S1 levels, myofascial pain, and chronic opioid dependency. The patient has tenderness on palpation in the lower back and there is reduced ROM. This review addresses a request for refills of trazodone 50mg #60, to be taken as needed for insomnia. Insomnia often accompanies major depression, yet the documentation does not clarify if major depression is being addressed. Trazodone is medically indicated to treat major depression. Trazodone does not have an FDA approved indication for insomnia. Addressing sleep hygiene does lead to improvement in restorative sleep; yet addressing sleep hygiene is not documented. When addressing the issue of insomnia, it is important to look for other treatable causes, such as Obstructive Sleep Apnea, OSA, This is not documented. In addition, the treating physician has not stated the daily dose for this medication. Trazodone is not medically indicated.

Naprelan CR 375mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroid anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This patient receives treatment for chronic pain involving the low back with radiation to both lower extremities. This relates back to an industrial injury on 02/03/2002. The patient's medical diagnoses include bilateral foraminal stenosis involving L4-S1 levels, myofascial pain and chronic opioid dependency. The patient has tenderness on palpation in the lower back and there is reduced ROM. This review addresses a request for Naprelan CR 375 mg. Naprelan is a slow release version of naproxen, an NSAID. NSAIDs are recommended as one of the treatment options for the short-term management of low back pain. In the clinical setting of chronic low back pain, NSAIDs are best suited to treat exacerbations of chronic low back pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. The documentation does not show monitoring for these complications of NSAID use. Ongoing use of Naprelan is not medically indicated.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic pain involving the low back with radiation to both lower extremities. This relates back to an industrial injury on 02/03/2002. The patient's medical diagnoses include bilateral foraminal stenosis involving L4-S1 levels, myofascial pain and chronic opioid dependency. The patient has tenderness on palpation in the lower back and there is reduced ROM. This review addresses a request for refills of cyclobenzaprine. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended. Taking cyclobenzaprine over the long-term exposes the patient to side effects, which include sedation and medication dependence. The documentation does not include a quantitative assessment of an improvement in function or a documentation of a decreased dependence on other analgesics or opioids. Cyclobenzaprine is not medically indicated.