

<b>Case Number:</b>	CM15-0095521		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on January 13, 2003. The injured worker was diagnosed as having cervical and lumbar musculoligamentous strain/sprain, disc protrusions, radiculopathy, facet joint arthropathy, lumbar degenerative disc disease (DDD) and anxiety. Treatment to date has included medication and use of a cane. A progress note dated April 1, 2015 the injured worker complains of neck and back pain with radiation to the arms with headaches, dizziness, loss of memory and difficulty concentrating. She rates her pain 6/10. Physical exam notes painful decreased range of motion (ROM) of the lumbar spine with positive straight leg raise. There is decreased range of motion (ROM) of the cervical spine. Ambulation is with a cane. The plan includes Oxycontin, Oxy IR compound, Sonata and Amrix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 01/13/03 and presents with neck pain which radiates to the bilateral upper extremities, mid-back pain, bilateral lower extremity pain, headaches, dizziness, loss of memory, and difficulty concentrating. The request is for OXYCONTIN 20 MG #90 to help control her chronic pain. There is no RFA provided and the patient's work status is not provided. There is one progress report provided from 04/01/15. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has a decreased lumbar/cervical spine range of motion and ambulates with a cane. She is diagnosed with cervical and lumbar musculoligamentous strain/sprain, disc protrusions, radiculopathy, facet joint arthropathy, lumbar degenerative disc disease (DDD), and anxiety. The 04/01/15 report states that the patient rates her pain as a 6/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before-and-after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin IS NOT medically necessary.

**Oxy IR compound 6 mg #120:** 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  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 01/13/03 and presents with neck pain which radiates to the bilateral upper extremities, mid-back pain, bilateral lower extremity pain, headaches, dizziness, loss of memory, and difficulty concentrating. The request is for OXY IR COMPOUND 6 MG #120 for breakthrough pain. There is no RFA provided and the patient's work status is not provided. There is one progress report provided from 04/01/15. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has a decreased lumbar/cervical spine range of motion and ambulates with a cane. She is diagnosed with cervical and lumbar musculoligamentous

strain/sprain, disc protrusions, radiculopathy, facet joint arthropathy, lumbar degenerative disc disease (DDD), and anxiety. The 04/01/15 report states that the patient rates her pain as a 6/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before-and-after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxy IR compound IS NOT medically necessary.

**Sonata 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic) and Topic Insomnia.

**Decision rationale:** The patient was injured on 01/13/03 and presents with neck pain which radiates to the bilateral upper extremities, mid-back pain, bilateral lower extremity pain, headaches, dizziness, loss of memory, and difficulty concentrating. The request is for SONATA 10 MG #30 for sleep. There is no RFA provided and the patient's work status is not provided. There is one progress report provided from 04/01/15. ODG guideline, Chapter Pain (Chronic) and Topic Insomnia, states that Sonata has "has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." The patient has a decreased lumbar/cervical spine range of motion and ambulates with a cane. She is diagnosed with cervical and lumbar musculoligamentous strain/sprain, disc protrusions, radiculopathy, facet joint arthropathy, lumbar degenerative disc disease (DDD), and anxiety. ODG Guidelines only recommends short-term use of the medication. It is not known when this medication was initiated. The requested 30 tablet prescription does not indicate intended short-term use of this medication and exceeds the 7-10 day limit by MTUS guidelines. Therefore, the requested Sonata IS NOT medically necessary.

**Amrix 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

**Decision rationale:** The patient was injured on 01/13/03 and presents with neck pain which radiates to the bilateral upper extremities, mid-back pain, bilateral lower extremity pain,

headaches, dizziness, loss of memory, and difficulty concentrating. The request is for AMRIX 15 MG #30 for chronic muscle spasm. There is no RFA provided and the patient's work status is not provided. There is one progress report provided from 04/01/15. MTUS Guidelines page 63-66 states, "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP." The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient has a decreased lumbar/cervical spine range of motion and ambulates with a cane. She is diagnosed with cervical and lumbar musculoligamentous strain/sprain, disc protrusions, radiculopathy, facet joint arthropathy, lumbar degenerative disc disease (DDD), and anxiety. MTUS Guidelines do not recommend use of Amrix for longer than 2 to 3 weeks. In this case, it is unknown when the patient began taking this medication and she may have already exceeded the 2-3 week limit recommended by MTUS Guidelines. Therefore, the requested Amrix IS NOT medically necessary.