

Case Number:	CM13-0048021		
Date Assigned:	12/27/2013	Date of Injury:	09/19/2008
Decision Date:	08/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who reported an injury on 09/19/2008 due to a slip and a fall. The injured worker's diagnoses were lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, lumbosacral degenerative disc disease and spasm of the muscle. The injured worker's prior treatments included physical therapy, chiropractic sessions, injections and pharmaceutical medication management. The injured worker's past diagnostics include an MRI of the lumbar spine which revealed L2-3 mild diffuse posterior bulge dated 11/13/2008, with a mild protrusion without mass effects on nerve roots and mild to moderate spondylosis. The injured worker's surgical history was ventral hernia repair in 2008 and right rotator cuff repair. The injured worker complained of pain in the neck, back and bilateral legs. Physical examination dated 10/04/2013 noted there was tenderness to palpation and spasms of the L3-5 paraspinal muscles. Range of motion for the lumbar spine showed decreased range of motion to include flexion at 40 degrees, bilateral lateral bending at 10 degrees left and 20 degrees right, on rotation it was 40 degrees bilaterally and there was pain with palpation in the L3-5 on the left. Pain level was rated at 10/10 without medication and 5/10 with medication. The injured worker's medication was Butran, Lyrica, Remeron, Nucynta and Flexeril. The treatment plan was to continue medication of Butran, Lyrica, Remeron, Nucynta, and Flexeril. The rationale for the request was not submitted with documentation. The Request for Authorization Form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60 2/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 64.

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

Decision rationale: The request for Flexeril 7.5 mg #60 two times a day is not medically necessary . The injured worker has a history of back pain. The California MTUS Guidelines recommend muscle relaxants that are nonsedating with caution as a second line option for the short term treatment of acute exacerbation in patients with chronic low back pain. Long term and continuance use may not be appropriate as they show no benefits in terms of pain and overall improvement when compared to NSAIDS. There was lack of documentation provided of the medication efficacy to support continuation. The efficacy appears to diminish over time and prolong use of muscle relaxant can lead to dependence. There was evidence documentation of the injured worker being prescribed this medication since at least 3/15/2013 in the documents submitted for review which exceeds the recommended time frame. Due to the lack of documentation for the efficacy and that it exceeds the time frame, the request for Flexeril 7.5 mg #60 two times a day is not medically necessary .

NUCYNTA 50MG TID #90: 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.

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

Decision rationale: The request for Nucynta 50 mg 3 times a day #90 is not medically necessary. According to the California MTUS Guidelines the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation on the extent of pain, functional status in regards to activities of daily living, appropriate medication use and/or aberrant behaviors and adverse side effects. Documentation submitted for review indicated that the injured worker had a history of low back pain. There was no documentation of the adverse effects with the use of opioids; no comprehensive pain assessment. Although there was pain score documentation of 10/10 without medication and 5/10 with medication, there was no indication as to how long it takes for the pain medicine to work and how long the pain relief did last. There was documentation submitted for a recent urine drug screen showing the consistency of proof to verify that the injured worker is appropriately taking medication. Therefore, given the lack of clinical documentation of side effects of the medications and how long the pain relief last, the criteria for ongoing use of opioid medications has not been supported. Given the above, the request for Nucynta 50 mg 3 times a day #90 is not medically necessary. pain relief last, the criteria for ongoing use of opioid medications has not been supported. Given the above, the request for Nucynta 50 mg 3 times a day #90 is non-certified.

BUTRANS 20 UG #4 PER WEEK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The request for Butrans 20 ug #4 per week is not medically necessary . According to the California MTUS Guidelines the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation on the extent of pain, functional status in regards to activities of daily living, appropriate medication use and/or aberrant behaviors and adverse side effects. Documentation submitted for review indicated that the injured worker had a history of low back pain. There was no documentation of the adverse effects with the use of opioids; no comprehensive pain assessment. Although there was pain score documentation of 10/10 without medication and 5/10 with medication, there was no indication as to how long it takes for the pain medicine to work and how long the pain relief did last There was documentation submitted for a recent urine drug screen showing the consistency of proof to verify that the injured worker is appropriately taking medication. Guidelines indicate that this medication is for the treatment of opiate addiction and is recommended as an option for chronic pain. There was no indication in clinical documentation of opiate addiction. Therefore, the lack of clinical documentation of pain assessment, side effects of the medications, and how long the pain relief last, the criteria for ongoing use of opioid medications has not been supported. Given the above, the request for Butrans 20 ug #4 per week is not medically necessary .