

Case Number:	CM14-0005484		
Date Assigned:	01/24/2014	Date of Injury:	02/19/2004
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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 patient is a 59-year-old male who was injured on 02/19/2004. Mechanism of injury is unknown. Prior treatment history has included the following medications: Norco 10-325 mg, Lidoderm patch 5%, Ambien 10 mg, Glyburide, Lisinopril, Simvastatin, Aspirin, Dexilant 60 mg, Soma 350 mg, Naproxen 550 mg, Nucynta ER 100 mg, OxyContin 10 mg, Kadian 30 mg, and Tramadol 37.5-325 mg. Diagnostic studies reviewed include urine toxicology tests done on 12/11/2013 reveal positive detection for cyclobenzaprine, Zolpidem, acetaminophen, Naproxen and diphenhydramine. Meprobamate, N-Desmethyl Tramadol, O-Desmethyl Tramadol, alcohol and Tramadol were not detected. On 09/06/2013 there was positive detection for N-Desmethyl Tramadol, O-Desmethyl Tramadol, Tramadol, cyclobenzaprine, acetaminophen, Naproxen and diphenhydramine. Zolpidem and meprobamate were not detected. On 03/01/2013 there was positive detection for cyclobenzaprine, Zolpidem, acetaminophen, Naproxen, diphenhydramine. Meprobamate, N-Desmethyl Tramadol, O-Desmethyl Tramadol, Zolpidem and Tramadol. Alcohol was not detected. Progress note dated 01/13/2014 documented the patient with complaints of right shoulder pain radiating into the right per scapular. Exacerbating factors are prolonged sitting, standing, lifting twisting, driving, any activities and lying down. Current medications include: Norco, Lidoderm patch, Ambien, Glyburide, Lisinopril, Simvastatin, Aspirin, Dexilant, Soma, Naproxen, Cyclobenzaprine, and Nucynta. Prior medications include: Nucynta ER, OxyContin, Kadian, and Tramadol. Objective findings on examination reveal tenderness upon palpation of the right cervical paraspinal muscles, right shoulder and right ribs. Cervical, thoracic, shoulder and rib ranges of motion were restricted by pain in all directions. Right shoulder impingement signs, including Neer's, Hawkin's were positive. Cervical, thoracic, shoulder and ribs provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in the upper extremities.

Clonus, Babinski and Hoffman signs are absent bilaterally. Muscle strength is 5/5 in the bilateral upper extremities. The remainder of the examination is unchanged from the previous visit. Recommendations: I appeal the denial of patient's Norco 10-325 mg #120. The Norco meets the MTUS and ODG guidelines as it provides 70% improvement of the patient's pain with maintenance of the patient's activities of daily living such as self-care and dressing. The patient is on an up to date pain contract and the patient's previous UDS was consistent. I appeal the denial of the patient's cyclobenzaprine 10 mg #90. The cyclobenzaprine meets the MTUS and ODG guidelines as it provides 60% improvement of the patient's pain with maintenance of the patient's activities of daily living such as self-care and dressing. I appeal the denial of the patient's Zolpidem 10 mg #30. Without this medication, the patient cannot fall asleep until 1-2 am and gets very little sleep. With this medication the patient gets 5-6 additional hours of sleep per night with maintenance of the patient's activities of daily living such as self-care and dressing. I appeal the denial of the patient's Nucynta ER 100 mg #30. The Nucynta meets MTUS and ODG guidelines as it provides 70% improvement of the patient's pain with maintenance of the patient's activities of daily living such as self-care and dressing. UR Review dated 01/23/2014 denied the request for cyclobenzaprine 10 mg because there is no indication this patient is currently experiencing an acute flare up of symptoms, and his date of injury is noted to be in 2004, long term use of this medication is not supported by guideline criteria. The request for Zolpidem was denied because the duration of use appears to exceed the recommended 2-6 week period. Therefore ongoing utilization of this medication is not indicated or supported as medically necessary. The request for Norco 10-325 mg #120 and Nucynta ER 100 mg #30 in the current case, the recommendation was for certification because it was reported the patient receives 70% improvement in pain with the ability to perform ADLs including self-care and dressing with opioid use. The patient has an up to date pain contract and urine drug screens that have been consistent. There are no adverse effects from medications noted. The patient is being prescribed a combines total of approximately 75 MED, which is within guideline criteria. Thus ongoing use of opioids is warranted in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG # 90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain And Medical Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41,46.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy only. The addition of cyclobenzaprine to other agents is not recommended. The guidelines state antispasmodics are used to decrease muscle spasms. The medical records did not document the presence of muscle spasm on examination and do not establish the patient presents with exacerbation unresponsive to first-line interventions. Furthermore, the medical records reflect chronic use of the muscle relaxant, which is not recommended by the guidelines. Medical necessity is not established.

ZOLPIDEM 10 MG, # 30 WITH 2 REFILLS: 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, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment, Zolpidem.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to Official Disability Guidelines, Ambien (zolpidem) is indicated for short term treatment of insomnia, usually 2-6 weeks. Long-term use is not recommended. Sleeping pills can be habit-forming, may impair function and memory more than opioids, and may increase pain and depression over the long-term. Medical necessity is not established.

NUCYNIA ER 100 MG, # 30 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain And Medical Treatment Guidelines Page(s): 81.

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

Decision rationale: The CA MTUS states Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels and provide around-the-clock analgesia. According to the ODG, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. In August 2011 FDA approved tapentadol extended release (Nucynta ER) for moderate to severe chronic pain. The medical records do not show significant examination findings or objective pain levels. The medical records do not discuss intolerable side-effects with first line medications. Non-opioid means of pain reduction such as home exercise are not discussed. Medical necessity is not established.

NORCO 10/325 MG # 120 X 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, Norco is indicated for moderate to severe chronic pain under certain circumstances though efficacy of long-term use of opioids is not established for non-malignant pain. The patient is a 59 male with chronic R shoulder and thoracic pain attributed to a 2/19/04 injury. He is diagnosed with R shoulder impingement. The patient has been taking opioids on a chronic basis. He reportedly has 70% improvement in pain with maintenance of his ability to perform self-care and dressing as a result of opioid use. There

is a pain contract. Urine drug screens are consistent with prescribed medications, and there are no adverse affects. However, ongoing review and documentation of the patient's pain levels and functional status is lacking detail. There is no documentation of pain using validated instruments or numerical pain scales. Objective evidence of functional improvement is lacking. The patient is not working. There is a report of aberrant involving use the patient's brother's opioid medication. Further, pain complaints appear out of proportion to physical examination findings. No diagnostic studies are provided for review. The P&S report is not available for review. In sum, pain and functional improvement are not objectively established, and the exact nature and severity of the patient's pathology are not entirely evident from the provided records. Medical necessity is not established.