

Case Number:	CM14-0110839		
Date Assigned:	08/01/2014	Date of Injury:	12/01/2009
Decision Date:	09/03/2014	UR Denial Date:	07/05/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old female who has submitted a claim for ulnar nerve lesion, cervical disc displacement without myelopathy, cervical disc degeneration, and shoulder joint pain associated with an industrial injury date of 12/01/2009. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent right shoulder pain despite arthroscopy, more severe at night. The pain was associated with stiffness, numbness and tingling sensation to the right hand. Range of motion of the right shoulder towards forward elevation was 160 degrees, abduction at 120 degrees, internal range of motion to S1, and external rotation at 70 degrees. Neurovascular exam was intact. Strength was good. Muscle spasms were noted at the paracervical area. Treatment to date has included right subacromial space decompression, debridement, and lysis of adhesions, physical therapy, and medications such as Lyrica, Buprenorphine (since January 2014), Percocet, Topamax, and Flexeril (since January 2014). Utilization review from 07/05/2014 denied the request for Cyclobenzaprine (Flexeril) 10 mg, #120 because of no documented muscle spasms; and modified the request for Buprenorphine 0.1mg Sublingual Troches #60 into quantity #45 because of insufficient documentation of failed trials of first-line opiates or of derived functional benefit from previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since January 2014 and uses it intermittently for severe muscle spasms. The patient reported symptom relief upon its use. The most recent physical exam still showed persistence of spasms; however, long-term use of muscle relaxant is not recommended as stated above. Therefore, the request for Cyclobenzaprine (Flexeril) 10 MG #120 is not medically necessary.

Buprenorphine 0.1mg Sublingual Troches #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Page 26-27 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, the patient has been taking sublingual buprenorphine as far back as January 2014. Patient had no history of opiate addiction; however, she had failed trials of Percocet and Norco in the past prompting initiation of Buprenorphine. The patient reported symptom relief upon its use, especially at night. No side effects were reported thus far. The medical necessity for continuing Buprenorphine was established. Therefore, the request for Buprenorphine 0.1mg Sublingual Troches #60 is medically necessary.