

Case Number:	CM14-0126850		
Date Assigned:	08/13/2014	Date of Injury:	11/07/2001
Decision Date:	09/18/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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 58 years old female claimant sustained work injury on 11/7/01 involving the knees, neck and back. She was diagnosed with multi-level degenerative disc disease of the lumbar spine. She underwent cervical fusion in 200 and bilateral shoulder arthroscopy. Her pain has been managed for over six months with MSContin. Muscle spasms were treated with Orphenadrine for over six months. A progress note on July 15, 2014 indicated the claimant had 5/10 pain with medication and 8/10 pain without pain medication. She had been on Orphenadrine and MS Contin 180 mg daily at the time along with Percocet 60 mg daily, Tramadol and Flexeril. She had been using topical Lidoderm patches for pain as well. Examination findings were notable for restricted range of motion in the lumbar spine, positive straight leg raise test on both sides, tenderness in both acromioclavicular joints, restricted range of motion in the cervical spine and paraspinal tenderness. The medications were continued above any treatment contract was signed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90, 5 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the claimant had used Flexeril along with Orphenadrine -another muscle relaxant. Combination of both medications were not indicated. Prolonged use over several months is also not supported by the guidelines. Continued use of the Flexeril as prescribed above is not medically necessary.

Lidoderm 5% patch, 700mg/patch #60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and pg 111-112 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no documentation of failure of 1st line medications. In addition, other topical formulations of Lidocaine are not approved. Lidoderm patches are therefore not medically necessary.

Orphenadrine ER 100mg #60, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and pg 111-112 Page(s): 111-112.

Decision rationale: Orphenadrine is a muscle relaxant. According to the MTUS guidelines, combining muscle relaxants with other agent is not recommended. Muscle relaxants are intended for short-term use (less than 7 days). The claimant also was on Flexeril for several months. There is no indication to be on both medications along with opioids. Continued use of Orphenadrine is not medically necessary.

MS Contin 60mg #60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 111-112 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, the maximum daily-recommended dosage of morphine equivalent opioids should not exceed 120 mg. In this case, the combined use of MS Contin, Tramadol, and Percocet exceeds the daily amount recommended. In addition, there are no studies on long-term use of opioids and their efficacy. The continued and prolonged use of MS Contin in the amount above is not medically necessary.