

Case Number:	CM14-0149231		
Date Assigned:	09/18/2014	Date of Injury:	10/27/2001
Decision Date:	12/22/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

This 44 year-old male sustained a work related injury on 10/27/2001. Documentation submitted for this review includes office notes dated back to 10/22/2012 when the injured worker began taking Cyclobenzaprine. As of an office visit dated 08/05/2014, the injured worker complained of increased low back pain due to non-authorization of Butrans patches. He had run out of patches 3 weeks prior to this office visit. He rated his pain 10 on a 1-10 pain scale with increase in radicular symptoms in the bilateral lower extremities and the right upper extremity. He denied any weakness or any bowel or bladder dysfunction associated with pain. According to the provider, the injured worker continued to take Norco but had to increase the number of tablets to 10-12 tablets a day. His medication regimen also included Flexeril three times a day and Pamelor at bedtime. His activities of daily living had significantly reduced since he stopped the Butrans patch. He reported that he spent most of his day avoiding pain and was not able to participate in things that he enjoys. In the past he tried Fentanyl patches that were not effective and OxyContin, Oxycodone and Methadone with the feeling of nausea and feeling hung over. He did report that when he started the Butrans patch that he was able to reduce the Norco significantly and keep his pain under control. As of an office visit on 08/29/2014, the injured worker reported improved low back pain and attributed this to the authorization of Butrans patches. Since receiving the Butrans patches he decreased the use of Norco from 10-12 pills a day to 5-6 a day as needed. He rated his pain 5 on a 1-10 scale and reported that it was a good day. He did report numbness and tingling radiating to the bilateral lower extremities and denied any weakness or any bowel or bladder dysfunction. He continued to take Flexeril three times a day as needed and Pamelor at bedtime. According to the injured worker, the medication had been significantly effective in reducing his symptoms and allowing him to continue with activities of daily living and that he continued to walk on a regular basis. Physical examination

revealed that this injured worker was alert and oriented, in no apparent distress, cognitively intact. He had full strength in both lower extremities with intact sensation. Straight leg raise on the right side was positive. Diagnostic impression included L5-S1 disc disease with grade I stable spondylolisthesis and disc bulge and L4-L5 disc desiccation with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis and legal blindness, depression and history of bowel obstruction and colon resection. Plan of care included continuation of current medication regimen, continuation of home exercise program, consider lumbar epidural steroid injection and medical branch blocks in the future, follow up with his neurologist for multiple sclerosis and follow up in three months. Following the non-certification being appealed, the provider noted on 12/02/2014 that the combination of Butrans and Norco has been beneficial in reducing symptoms and that pain is reduced from 10 to 4 when both medications are used in conjunction. He also notes that he is able to do things around the house and sometimes enjoys working on cars. According to the provider, the injured worker has multiple sclerosis with optic neuritis, is legally blind and unable to return to his previous work and that without these medications, the pain greatly limits his activity and his everyday life. On 09/10/2014, Utilization Review non-certified Cyclobenzaprine 10mg #90 with 3 refills and modified Norco 10/325mg with 2 refills that was requested on 08/29/2014. According to the Utilization Review physician the injured worker had been using Norco over an extended period of time without significant improvement in pain or function. The injured worker only reported pain relief and improved function with regard to the use of Butrans patches, not Norco. Although the dosage of Norco had been decreased with the use of Butrans patches, further weaning is appropriate. In regards to Cyclobenzaprine, the Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are not recommended for long-term use, as they seem no more effective than NSAIDs for treating musculoskeletal problems and there is a high risk of dependence and abuse. Most guidelines limit use of Cyclobenzaprine to 2-3 weeks. Documentation submitted for review indicated that the injured worker was started on Cyclobenzaprine on 10/22/2012, which was more than 2-3 weeks and not supported by the guidelines. This decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg, #120 (with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78,80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the

least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.

1 prescription of Cyclobenzaprine 10mg, #90 (with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Cyclobenzaprine. This medication is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the duration of use of Cyclobenzaprine far exceeds the above stated MTUS guideline recommendations. Therefore, continued use of Cyclobenzaprine is not considered medically necessary.