

Case Number:	CM14-0150064		
Date Assigned:	09/18/2014	Date of Injury:	07/28/2008
Decision Date:	11/12/2014	UR Denial Date:	08/25/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 34 year-old female with a date of injury of July 20, 2008. The patient's industrially related diagnoses include chronic pain syndrome, fibromyalgia, and cervical and lumbar radiculopathy. The disputed issues are Cyclobenzaprine 7.5mg #60 and Hydrocodone/APAP 10/325mg #120. A utilization review determination on 8/25/2014 had non-certified the request for Cyclobenzaprine and modified the request for Hydrocodone/APAP to #60 tablets only. The stated rationale for the denial of Cyclobenzaprine was: "The patient has been prescribed Cyclobenzaprine, Flexeril, and medication without remark on the functional benefit or improved clinical status resulting from the medication. As explained above, the medication is not supported for ongoing use in the guidelines." The stated rationale for the modification of Hydrocodone/APAP was: "There has not been related or documented compliance with the pain management contractual agreement. The 4 A domains had not been addressed by the provider." The modified quantity was authorized with the understanding that a specific treatment plan will be presented for the reduction and discontinuation of the opioid medications or the requesting physician will offer more detailed and more specific clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In general, efficacy of muscle relaxants can diminish over time, and prolonged use of some medications in this class may lead to dependence. According to studies regarding Flexeril, the greatest effects appear in the first 4 days of treatment. Due to limited and mixed-evidence, the guidelines do not recommend Flexeril for chronic use. The guidelines state that the use of this medication is not recommended for longer than 2-3 weeks. Side effects of Flexeril include anticholinergic effects (drowsiness, urinary retention, and dry mouth). Sedative effects may limit use. In the progress report dated 8/8/2014, the treating physician documented that the injured worker was taking Orphenadrine 100mg two to three tablets for muscle spasms and Baclofen 20mg for spasms. Flexeril was prescribed in addition to the other medications as a trial for spasms since the injured worker was receiving limited benefit from Baclofen. The treating physician did not provide a rationale for prescribing three muscle relaxants together, and there is no instruction in the available documentation that the injured worker is to discontinue the other muscle relaxant(s) before starting the Flexeril. It is not standard practice to prescribe three different muscle relaxants at the same time. Additionally, Flexeril is recommended for only short-term use. There is no documentation that this medication is being prescribed for the short-term treatment of an acute exacerbation since #60 tablets are prescribed without specific dosing directions, and guidelines do not recommend use for longer than 2-3 weeks. Based on the guidelines and the lack of clear documentation, the request for Cyclobenzaprine 7.5mg is not medically necessary at this time.

Hydrocodone 10/325mg #120: Upheld

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

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

Decision rationale: Hydrocodone/APAP 10/325mg (Norco) is an opioid that was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these

outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. While pain relief with the use of Norco was documented as 40% reduction in pain, improvement in function was not clearly outlined. In regard to functional improvement, there was no documentation or examples of objective functional improvement with the use of Norco. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a urine drug screen (UDS) was completed (although requested in 1/2013), and no CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Hydrocodone/APAP 10/325mg #120 cannot be established at this time. Although Norco is not medically necessary at this time, since it is an opioid, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit.