

Case Number:	CM14-0168410		
Date Assigned:	10/16/2014	Date of Injury:	07/21/1995
Decision Date:	12/02/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 injured worker is a 54 year old male with a date of injury on 7/21/1995. As per 9/25/14 report, he presented with back pain radiating from low back down to both legs. Examination revealed restricted range of motion with flexion limited by pain to 40 degrees and extension limited by pain to 10 degrees, tenderness of paravertebral muscles and bilateral tight muscle band, positive bilateral lumbar facet loading, positive bilateral straight leg raising test, tenderness over the sacroiliac spine, limited motor testing due to pain, and decreased sensation over bilateral calf, thighs and feet. Lumbar magnetic resonance imaging scan dated 3/19/13 showed L4-5 and L5-S1 anterior interbody fusion with solid bony fusion noted and posterior laminectomy; and L3-4 annular bulge with spinal canal stenosis. Past surgeries have included L4-5 laminectomy/foraminotomy/discectomy, L4-5 and L5-S1 fusion, spinal cord stimulator implantation and spinal cord stimulator replacement. He is currently on Hytrin, Omeprazole, Lunesta, Cyclobenzaprine, Lyrica, Duragesic, Norco, Advair Diskus, Lovastatin, Metformin, Androgel and Lisinopril. He reported that his quality of life was much better with all the medications and his activity and function was much better while being treated and medicated. His excessive sweating due to his medications is managed with Hytrin use. Lunesta afforded five hours of uninterrupted sleep and has been on this for the past four years. Cyclobenzaprine provided benefit with muscle spasms for the past 6 years, and He is taking Duragesic for baseline control for the past 10 years. The pain level was at 8-9/10 without medications and 5-6/10 with medications. A urine drug screen dated 9/6/11 was positive for Hydrocodone, Fentanyl and Hydromorphone. Diagnoses include lumbar spine degenerative disc disease, post-lumbar laminectomy syndrome, piriformis syndrome, and lumbar radiculopathy. The request for Cyclobenzaprine 10mg Tab - 1 Tab by mouth twice daily #90, Duragesic 25 mcg/hr Patch - 1

patch to skin every 2 days #15, Lunesta 3 mg tab - 1 by mouth at bedtime as needed #30, and Hytrin 5mg Capsule - 1 Cap by mouth at bedtime #30 was denied on 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tab - 1 tab PO B.I.D #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril), Page(s): 63-64-41-42.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. In this case, the medical records do not document the presence of substantial spasm to warrant antispasmodic therapy. The medical records do not demonstrate the worker presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the worker has been prescribed Cyclobenzaprine on an ongoing basis; however, no significant improvement in pain or function has been documented. There is no documentation of stretching exercise as a treatment method for muscle spasm. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Cyclobenzaprine is not established.

Duragesic 25 MCG/HR patch - 1 patch to skin every 2 days #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, specific drug list Page(s): 74, 91.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Fentanyl is an opioid analgesic with potency eighty times that of morphine. Fentanyl transdermal (Duragesic; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. As per Chronic Pain Medical Treatment Guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is no demonstrated objective functional improvement with this medication. The medical records do not establish this worker obtained clinically significant pain relief specific to this medications (he is also on Norco and the urine drug screen test was positive for Hydromorphone), as pain level is noted to be 8-9/10 without and 5-6/10 with all medications. Therefore, the medical necessity of the Duragesic 25 mcg is not established based on documentation and per guidelines.

Lunesta 3 mg tab - 1 PO at bedtime as needed #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Eszopiclone (Lunesta)

Decision rationale: Chronic Pain Medical Treatment Guidelines do not address the issue. Per Official Disability Guidelines, Lunesta (Eszopiclone) is a new hypnotic that is effective for treatment of insomnia of at least 6 months duration, with no evidence of tolerance, dependence or abuse. It is not recommended for long term use. In this case, there is no documentation of a thorough evaluation of insomnia to rule out other etiologies of sleep disturbance. Proper sleep hygiene is critical to the individual with chronic pain, which has not been addressed. Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use only. Therefore, the request is not medically necessary.

Hytrin 5 mg capsule - 1 CAP PO at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: Chronic Pain Medical Treatment Guidelines / American College of Occupational and Environmental Medicine Guidelines do not address the issue. Hytrin (Terazosin) is an alpha-adrenergic blocker used to treat high blood pressure and enlarged prostate. In this case, the records indicate that Hytrin is used to treat excessive sweating due to medication side effects. However, Hytrin is not the first choice for the treatment of excessive sweating due to medication side effect. Furthermore, there is no documented trial of first line therapy such as switching the causative medication. Thus, the request is not medically necessary based on the available clinical information.