

<b>Case Number:</b>	CM14-0169944		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	03/17/2010
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Florida. 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 41-year-old male who sustained an injury on 03/17/2010. The method of injury is not described in the records provided. On 09/11/2014 the patient complained of neck pain that was alleviated with his pain medication regiment. He has been taking Lyrica 50mg three times a day as needed, Flexeril 10 mg daily as needed, Nucynta 75 mg every 6 hours as needed, and a Flector 1.3% adhesive patch. He appears to have been taking the Lyrica, Flexeril, and Nucynta at the exact same dosage and frequency for several years. Previously, he has been diagnosed with Diffuse Myofascial Pain Syndrome involving the neck, right upper extremity, low back, and right lower extremity. On the 09/11/2014 periodic office exam visit note he was diagnosed with "cervical radiculopathy" and "back ache," at an unspecified level. The most recent physical exam from 09/2014 showed restriction in cervical spine range of motion, and hypertonicity, spasm, and tenderness over the cervical and thoracic paravertebral muscles bilaterally. Spurling's sign did not cause radicular symptoms, despite a diagnosis of "cervical radiculopathy" on this office visit. The motor grip strength was 4/5 on the right. Decreased sensation was noted over the middle finger and ring finger on the right side with "patchy distribution" noted. Prior treatment has included physical therapy, medications, and C7-T1 cervical epidural steroid injections twice, on 2/01/2011 and on 01/17/2012. Past imaging studies have included an MRI of the cervical spine on 05/03/2010. This study showed degenerative disc disease changes with a left C6-C7 disc herniation, and left C6-C7 foraminal stenosis secondary to degenerative disease at the facet joint. MRI of the lumbar spine on 06/03/2010 revealed minimal degenerative disc disease. The x-rays of the thoracic spine on 12/16/2010 showed scoliosis. An EMG (Electromyography) and NCS (Nerve Conduction Study) from 10/18/2010 were documented as normal. Previously a request to refill this patient's Lyrica 50mg three times a day as needed (Quantity #90, Refills 1,) Flexeril 10 mg daily as needed (Quantity #15, Refills 1,) and Nucynta 75 mg every 6 hours as needed

(Quantity #120, Refills 1,) was not certified. Likewise, an independent medical review has been requested regarding the medical necessity of this request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 50mg #90 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 53-54, 133, 91.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, Lyrica is FDA approved for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. It also has use as an anti-epileptic agent. It is designated a schedule V controlled substance because of its casual relationship with euphoria. This patient is not being prescribed Lyrica for any of the aforementioned FDA approved indications. Likewise, the requested prescription for Lyrica 50 mg tablets to be taken three times a day as needed (Quantity #90, Refills 1,) are not medically necessary.

**Flexeril 10mg #15 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antisposmodics Page(s): 98, 75.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant that is only recommended for a short course of therapy. There is limited, mixed-evidence for chronic use. This patient has been being prescribed Flexeril chronically, which is not evidenced based. Back to July of 2012 he is noted on review of the records to be on this exact same medication at this exact same strength and frequency - Flexeril 10 mg daily as needed. Likewise, the requested prescription for Flexeril 10 mg tablets to be taken daily as needed (Quantity #15, Refills 1,) are not medically necessary.

**Nucynta 75mg #120 x 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 110-114.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines, regarding treatment of chronic pain with opiates, long-term use of opiates in the treatment of osteoarthritis is stated to be under study. There is therefore a lack of evidence to allow for a treatment recommendation. This patient had findings consistent with Osteoarthritis on his 2010 Cervical and Lumbar MRI's. His EMG/NCS in 2010 was negative for radiculopathy. The recent 9/2010 office visit note physical exam's findings were not consistent with radiculopathy. There have not been any imaging studies performed since the year 2010 that have been provided in this patient's medical records. The medication Nucynta (Tapentadol) is an opiate schedule II pain medication, which this patient has been taking chronically. Again, in accordance with the MTUS guidelines, there is no objective evidence that this opiate pain medication taken chronically can treat osteoarthritis pain, and this use for Nucynta is considered investigational. Likewise, for the aforementioned reasons, the requested prescription for Nucynta 75 mg tablets to be taken every 6 hours as needed (Quantity #120, Refills 1,) is considered not medically necessary.