

<b>Case Number:</b>	CM14-0031989		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/16/2003
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Internal 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 female who had a reported work related injury on 01/16/03. Mechanism of injury was not included in the clinical documentation submitted for review. Diagnosis is Mood disorder, post-cervical laminectomy syndrome, disc disorder cervical, and neck pain. Most recent progress note dated 05/29/14, noted that the pain level had decreased since last visit. No new problems or side effects. Quality of sleep was good, her activity level increased. She stated that the increase in her Nucynta was very helpful. The injured stated while she was not able to stop the Fentora she had been able to use less of it, and that when she used it, it stopped her pain episodes very quickly. Treatment in the past had been with trigger point injections in the neck which had been ineffective, Lidoderm patches, and home exercise program. She is using Skelaxin which she stated gave her 75% relief of the cervical muscle spasm that she experienced. Functional status with the medication, the patient had been able to continue working full time and was able to perform household tasks with less pain. No side effects from medication. Physical examination of the cervical spine revealed surgical scar. Range of motion was restricted with flexion limited to 15 degrees, extension limited to 15 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees and limited by pain. Examination of the paravertebral muscles, tight muscle band was noted on both sides. Tenderness was noted at the rhomboids and trapezius. Spurling maneuver caused pain in the muscles of the neck but no radicular symptoms. Trigger points with pain radiating and twitch response on palpation at cervical paraspinal muscles on the right and left, and trapezius muscle right and left. Neurological motor examination, the patient moved all extremities well. Sensory examination, light touch sensation was decreased over the lateral forearm on the right side. Examination of the right shoulder no swelling, deformity, joint asymmetry or atrophy. Movements were restricted with flexion limited to 100 degrees limited by pain, extension limited

to 50 degrees limited by pain and abduction limited to 100 degrees limited by pain. Hawkins and Neer tests were positive. Prior utilization review on 06/29/14 Fentora was non-certified. The current request was for Fentora 600mcg #28. Metaxalone tablet 800mg #12.

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

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

#### **Metaxalone Tab 800mg #12: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Muscle relaxant (for pain).

**Decision rationale:** The request for Metaxalone tablet 800mg #12 is medically necessary. The clinical documentation submitted for review supports the request for Metaxalone. The injured worker is using Skelaxin which she stated gave her 75% relief of the cervical muscle spasm that she experienced. Metaxalone is reported to be a relatively non-sedating muscle relaxant. Therefore, the request for Metaxalone Tab 800mg #12 is medically necessary and appropriate.

#### **Fentora 600mg #28: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate Page(s): 74-80.

**Decision rationale:** The request was for Fentora 600mcg #28 is not medically necessary. The current evidence based guidelines does not support the request. Not recommended for musculoskeletal pain. Fentora is an opioid painkiller currently approved for the treatment of breakthrough pain in certain cancer patients. Cephalon had applied to the Food and Drug Administration (FDA) for approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, but approval was not obtained. Therefore, the request for Fentora 600mg #28 is not medically necessary and appropriate. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.