

Case Number:	CM14-0036091		
Date Assigned:	06/23/2014	Date of Injury:	11/22/2010
Decision Date:	08/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 11/22/2010 due to an unspecified mechanism of injury. On 06/12/2014, she presented for a followup of her low back pain and right wrist pain. She stated that the Norco she was using was working okay for her pain and that her pain was decreased to about 4 out of 10, which was noted to be similar to her response to Nucynta. A physical examination revealed normal muscle tone in the bilateral upper and lower extremities, no rashes, lesions, caf ole spots or ulcers over the bilateral upper and lower extremities and she was not exhibiting any acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation. An unofficial MRI of the lumbar spine dated 01/07/2011 reportedly revealed an L2-L3 moderate spinal stenosis, L3-L4, severe spinal stenosis in L4-L5, moderate spinal stenosis. She was noted to be status post second arthroscopic surgery for the right wrist performed on 04/25/2014. Her diagnoses included, long-term medication use, sciatica and therapeutic drug monitor. Her medications included cyclobenzaprine/Flexeril 7.5 mg #90 one at bedtime for muscle spasm, hydrocodone twice daily/APAP 10/325 #90, 1 tablet every 8 hours as needed for pain, Lamictal 25 mg 1 by mouth every day, Lorazepam 1 mg 2 times daily and Effexor XR 75 mg 3 tablets every day. Past treatments included surgery, physical therapy, and medications. The treatment plan was for Cyclobenzaprine/Flexeril 7.5 mg #90 and Nucynta 100 mg #90. The Request For Authorization form and rationale for treatment was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Flexeril 7.5mg, #90: Upheld

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

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

Decision rationale: The request for Cyclobenzaprine/Flexeril 7.5 mg #90 is not medically necessary. The injured worker was noted to be status post arthroscopic surgery for the right wrist performed on 04/25/2014. A physical examination showed no signs of pain or acute distress. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDS and pain in overall improvement. Cyclobenzaprine and Flexeril is recommend for a short course of therapy due to limited mixed evidence that does not allow for recommendation for chronic use. Per the clinical note date 05/08/2014, the injured worker had been taking cyclobenzaprine/Flexeril since at least that date. It is unknown exactly how long the patient had been taking this medication prior to 05/08/2014; without knowledge of how long the injured worker had been using this medication, continued use could not be supported as it is not recommended for long-term use. In addition, there is a lack of documentation regarding objective functional improvement with the use of this medication and there is no documented spasm to indicate the need for a muscle relaxant. Furthermore, the request physician did not state the frequency within the request. The request is not supported by the guideline recommendations as the frequency was not stated in the request, it is unclear how long the patient had been using this medication and its rationale is unclear. Given the above, the request is not medically necessary.

Nucynta 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Nucynta 100 mg #90 is not medically necessary. . Per the clinical note dated 05/08/2014, the patient had been taking this medication since at least that date. It was noted that she reported her pain had decreased to about a 4 out of 10 with the use of Norco, which was similar to her response to Nucynta. The California MTUS Guidelines states that during opioid therapy, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed. Pain assessment should include current pain, the least reported pain over a period of time 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. A satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function or improved quality of life. The documentation is lacking information regarding a proper pain assessment, increased level of function, improved quality of life, side effects and appropriate medication use. Without the information listed above, continued use would not be supported. In addition, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations as the frequency is unclear and a proper review and documentation regarding the use of this medication was not performed. Given the above, the request is not medically necessary.