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| Case Number: | CM14-0037301 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 12/15/2011 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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:

Patient is an injured worker with neck, back and right upper extremity conditions. Date of injury was 12-15-2011. The patient underwent lumbar spine, anterior-posterior L4-S1 fusion with instrumentation on 09/08/13 with improvement in back and leg pain. Prior treatments included medications and physical therapy. The patient used a back brace and wrist brace. The patient had a mood improvement with psychotherapy and medications. MRI of the cervical spine dated 4/1/13 documented a 5 to 6 mm broad-based disk herniation with contouring of the spinal cord and neural compression of the right C5 and descending C6 nerve root. There was spinal stenosis at C5-6 level consistent with a disk herniation. There were mild bulges at C4-5 and C6-7, but no evidence of neural foraminal stenosis or spinal stenosis at those levels. The follow-up consultation report dated 02/10/14 documented that the patient continued to report improvement of pain in the back and leg, but continuing pain to the neck with radiation to the right upper extremity. The patient continued to report neck pain with radiation to the right upper extremity with numbness and tingling which had remained unchanged since the previous evaluation on 01/16/14. The patient continued to report improvement of pain by about 50 when using Hydrocodone-Acetaminophen 10-325 mg 8 tablets a day and Fexmid 1-2 tablets a day for breakthrough spasms. The patient reported constipation had improved with a combination of Promolaxin and a high fiber diet. The patient reported improvement in the stomach pain with Protonix. Physical examination of the lumbar spine shows a healing incision. There was minimal residual tenderness. On neurological examination, the patient had sensory deficits, along the right C5, C6, and C7 dermatomes, decreased grip strength and decreased biceps and triceps muscle strength. The patient was diagnosed with cervical radiculopathy secondary to large disk herniation at C5-6 documented on the MRI study 04/01/13 revealing 5-6 mm disc herniation with the nerve root compression and spinal cord contouring. The patient had no residual sensory

or motor deficits in the lower extremities. The gait was antalgic. The treatment recommendations included cervical epidural steroid injection and continue restorative care for the lumbar spine including postoperative physical therapy. The patient should also receive teaching to ensure continuation of home-based restorative activities after Physical Therapy has expired. Treatment plan included Promolaxin, Fexmid (cyclobenzaprine), and Norco 10/325 mg 1-2 tablets every 4 hours. Utilization review decision date was 03-12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend frequent evaluation of clinical history and frequent review of medications with patient prescribed opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, upper extremity conditions. The progress report dated 02-10-2014 documented the treatment recommendation for Norco 10/325 mg 1-2 tablets every 4 hours, but the quantity of tablets and refill information were not documented. Thus total number of tablets is not documented. MTUS and ACOEM guidelines do not recommend the long term opioid use. Therefore, the request for Hydrocodone/acetaminophen 10/325mg is not medically necessary.

Fexmid 7.5 mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation FDA Prescribing Guidelines Fexmid <http://www.drugs.com/pro/fexmid.html>.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or

ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Patient is an injured worker with neck, back and right upper extremity conditions from a reported injury on 12-15-2011. The occupational injuries are not acute conditions. MTUS, ACOEM, and FDA guidelines do not support the use of Fexmid (Cyclobenzaprine) for chronic conditions. Therefore, the request for Fexmid 7.5 mg is not medically necessary.

Promolaxin 100mg, qty 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. The progress report dated 02-10-2014 documented that the patient reported constipation had improved with a combination of Promolaxin and a high fiber diet. The request for Norco 10/325 was determined to be not medically necessary. The patient was not prescribed other opioids. Because opioid medication was determined to be not necessary, prophylactic treatment of opioid-associated constipation is not medically necessary. Therefore, the request for Promolaxin 100mg is not medically necessary.