

Case Number:	CM14-0042563		
Date Assigned:	06/30/2014	Date of Injury:	04/01/1997
Decision Date:	09/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 Arizona. 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:

This claimant is a 62-year-old man with a date of injury in 1997. In 2005 he had an anterior lumbar disc replacement at L4-5 and L5-S1. After the surgery, he may have had some sort of event or blood clot and subsequently developed left foot pain. It is felt that he has a post ischemic chronic regional pain syndrome as a source of this pain, in addition to a lumbar radiculopathy, confirmed by a July 23, 2013 electromyography (EMG). Podiatry has also evaluated the patient stating, he has sinus Tarsi syndrome. He had a spinal cord stimulator (SCS) placed on July 22, 2010. The SCS has helped the neuropathic pain in his foot but the leads are positional and need to be replaced. This was authorized several times but due to his work schedule the surgery was delayed and now is waiting for repeat authorization. The claimant takes Norco 10/325 mg 6-8 tablets a day for his pain. At one point he underwent inpatient detoxification but when he worked he found that he just could not weight bear and remain on his feet; therefore, he had to resume his opiates. The Norco enables him to work. He additionally takes cyclobenzaprine 7.5 mg twice a day stating it that it helps his lower back spasms and his leg cramps. Both of these medications are the topic of this authorization request. The patient additionally takes Lidoderm patches, Topamax 50 mg twice a day, Lyrica 50 mg twice a day. The physician has stated that the patient has signed a drug contract, though copies of the contract are not on the chart. He did undergo a comprehensive drug panel November 12, 2013 and urine toxicology screening which were positive for hydrocodone and nicotine. Otherwise it was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatments, Opioids, On-Going Management Page(s): 78,79,89.

Decision rationale: The MTUS addresses the Criteria for using Opioids and for ongoing maintenance with Opioids. It states that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Furthermore, there are 4 A's for ongoing monitoring: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Under the Strategy for maintenance discussion, the MTUS specifically states- "do not attempt to lower the dose if it is working". The patient has described the benefit he obtains not only in terms of pain relief, but also in terms of functional benefit. He is able to stand on his feet at work, because of the Norco. This patient meets the criteria for being maintained on an opiate. He has appropriately been tried on a number of conservative treatments, and has been treated regularly by experts who deal with chronic pain. There have been no concerns about any misuse or side effects and he has been closely followed by his physician. Thus, I am overturning the previous Non-certification of Norco 10/325mg, deeming the #240/month as medically necessary.

FexMid 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Cyclobenzaprine Page(s): 42.

Decision rationale: Fexmid (cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. Furthermore, limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Treatment should be brief and the addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show this patient to have any fibromyalgia, and other indications for Fexmid beyond a short course are not well supported. The patient has been on Fexmid for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the

record does not document medical necessity for Fexmid (cyclobenzaprine). The request is not medically necessary.