

Case Number:	CM14-0054482		
Date Assigned:	07/07/2014	Date of Injury:	08/30/2007
Decision Date:	09/11/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This case involves a 56-year-old female who sustained an injury on 8/30/07. The mechanism of the injury was not described. The progress note dated 1/10/14, revealed that the patient reported better pain control with Nucynta and greater than 50% pain relief for 2-3 hours. She was also taking 5-6 Norco per day and was trying to reduce the dose. The patient noted that she had great relief with Flexeril in terms of decreased muscle tightness/stiffness in the morning and decrease in spasms. The patient was seen on 3/15/14 with complaints of aching and burning low back pain radiating to the left leg and left wrist pain associated with numbness. The patient was taking Norco, Flexeril, Gabapentin, Lidoderm patches, Terocin cream and Nucynta. The exam findings revealed slow antalgic gait and left wrist pain with movement in all directions. There was decreased sensation on the left in C6-C7 dermatomes, and positive Tinel's sign and Phalen's sign in the left wrist. The examination of the lumbar spine revealed tenderness along L4-L5 dermatomes, sciatic notches, paraspinal muscles and sacroiliac joints areas. Patrick's sign and Gaenslen's sign were positive on the left, and straight leg raise was positive on the left. The diagnosis is L4-L5 and L5-S1 facet hypotrophy, lumbar radiculopathy, elbow neuropathy, left carpal tunnel syndrome, chronic pain syndrome and depression. Treatment to date includes home exercise program, cold/hot patch, work restrictions and medications. An adverse determination was received on 4/9/14. The request for Flexeril 10mg #90, Nucynta 50mg #60 and Norco 10/325mg# 180 was modified for a taper of 50% of the normally taken amount for the first week, followed by 50% for the following week. There was a lack of documentation of a reasonably maintained increase in function or decrease in pain with the use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Page(s): 41,63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. With regards to Flexeril in particular, the MTUS states that treatment should be brief and addition to other muscle relaxants is not recommended. The progress note dated 1/10/14, indicated that the patient was using Flexeril at least from that time and the guidelines do not recommend prolonged use of this medication. In addition, there is a lack of documentation indicating objective functional gains from the previous treatment including muscle spasm reduction and decrease in the patient's pain. The Utilization Review (UR) decision dated 4/9/14 modified the request and recommended taper of Flexeril. Therefore, the request for Flexeril 10mg #90 is not medically necessary.

Nucynta 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Nucynta.

Decision rationale: CA MTUS guideline does not address this issue. Per Official Disability Guidelines (ODG), Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid. However, shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. The progress note dated 1/10/14, indicated that the patient was taking Nucynta and Norco. There is a lack of documentation of subjective functional gains from the treatment with Nucynta and it is not clear if the patient tried and failed first-line treatment with opioid medications. In addition, the Utilization Review (UR) decision dated 4/9/14 modified the request for Nucynta and

recommended taper. There is no rationale with regards to continuation the treatment with Nucynta. Therefore, the request for Nucynta 50mg #60 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the Utilization Review (UR) decision dated 4/9/14, modified the request for Norco and recommended taper. Therefore, the request for Norco 10/325mg #180 is not medically necessary.