

Case Number:	CM14-0065035		
Date Assigned:	07/11/2014	Date of Injury:	06/24/2003
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 38 year old male who was injured on 6/24/2003. The diagnoses are low back pain and lumbar radiculopathy. On 4/21/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. The pain score is 9/10 without medications but 7/10 with medications in a scale of 0 to 10. The patient had an antalgic gait and ambulates with a Cane. There were objective findings of muscle spasm. There is increase in ADL and physical activity with the use of the medications. The treatments are physical therapy, aquatic therapy and lumbar epidural steroid injections. The medications are fentanyl patch and oxycodone for pain and cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 4/30/2014 recommending non certification for cyclobenzaprine 10mg BID #60 1 refill, fentanyl patch 25mcg/hour q 72hours #10 and modified approval for oxycodone-acetaminophen 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg tab sig 1 tablet po 2x daily #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended that the use of muscle relaxants be limited to periods of less than 4 weeks during exacerbation of symptoms that is non responsive to standard treatment with NSAIDs, PT and exercise. Long term use of muscle relaxants is associated with the development of dependency, addiction, sedation and adverse interactions with other sedatives. The records indicate that the patient have been utilizing cyclobenzaprine for many years. The patient was still complaining of unrelieved symptoms indicating that the treatment is not efficacious. The criteria for the use of cyclobenzaprine 10mg BID #60 1 refill was not met. Therefore, the request is not medically necessary.

Fentanyl 25 mcg/hr. patch apply 1 patch to skin every 72 hours #10 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, Postsurgical Treatment Guidelines.

Decision rationale: The CA MTUS recommends that opioids be used in the short term treatment of acute pain and severe chronic pain that is non responsive to standard NSAIDs medications. Opioids can also be utilized for maintenance treatment of patients who have exhausted other treatment options including surgeries, interventional pain procedures, PT, behavioral modifications and psychiatric treatments. The use of Fentanyl patch is limited to patients who are tolerant or cannot utilize oral opioids medications. The record does not show that the patient was opioid tolerant or cannot utilize oral medications. The patient is also utilizing oral oxycodone medications. The required opioid monitoring compliance measures such as UDS, absence of aberrant behaviors and pills counts was not documented. The criteria for the use of fentanyl 25mcg/hour patch Q 72hours #10 was not met. Therefore, the request is not medically necessary.