

Case Number:	CM14-0089762		
Date Assigned:	09/10/2014	Date of Injury:	07/29/2010
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/13/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 61-year-old male with a date of injury of 07/29/2010. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy. 2. Cervical degenerative disk disease (DDD). 3. Spinal stenosis. 4. Depression. According to progress report 05/27/2014, the patient presents with pain in his neck that radiates to his right upper extremity. It was noted the patient has severe depression. It was noted the patient has been authorized for C3-C4 discectomy and fusion. Examination of the cervical spine revealed decreased range of motion. There was pain limited manual testing at 4+/5 to 5-/5 at the bilateral shoulder external rotation and elbow flexors. Report 02/11/2014 indicates the patient continues with cervical pain with numbness in the bilateral upper extremities. The patient also notes pain in his right arm. The treater is requesting a refill of Flexeril 10 mg, Soma 350 mg 2 per day, Nortriptyline 25 mg 4 q.h.s. (at bed time), Norco 10/325 mg up to 6 per day. Utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with continued neck pain that radiates into the bilateral upper extremities. The treater is requesting a refill a Soma 350 mg 1 to 2 per day. The MTUS page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the medical records indicate the patient has been prescribed Soma since 02/26/2013. Muscle relaxants are recommended for short-term use only. Therefore, Flexeril 10mg is not medically necessary and appropriate.

Soma 350mg 1-2 per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: This patient presents with continued neck pain that radiates into the bilateral upper extremities. The treater is requesting a refill a Soma 350 mg 1 to 2 per day. The MTUS page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back pain)." In this case, the medical records indicate the patient has been prescribed Soma since 02/26/2013. Muscle relaxants are recommended for short-term use only. As such, the request of Soma 350mg 1-2 per day is not medically necessary and appropriate.

Nortriptyline 25mg 4 Q HS (Every Night): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with continued neck pain that radiates into the bilateral upper extremities. The treater is requesting a refill of Nortriptyline 25 mg 4 q.h.s. The MTUS guidelines on Antidepressants (pgs. 13-15) states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Although Nortriptyline is recommended as a first line option for neuropathic pain, none of the reports provided for review include "treatment efficacy" which should include pain outcomes,

functional evaluation, etc. Therefore, the requested Nortripyline 25mg 4 Q HS (Every Night) is not medically necessary and appropriate.

Norco 10/325mg up to six per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with continued neck pain that radiates into the upper extremities. The treater is requesting a refill of Norco 10/325 mg up to 6 per day. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period 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." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical file which includes progress reports from 12/26/2013 through 05/17/2014 request a refill of this medication, but the treater does not discuss efficacy in terms of pain relief or functional improvement. Furthermore, the treater does not discuss work status, aberrant behaviors or adverse effects from taking long-term opioids. Given the lack of sufficient documentation for opiate management, Norco 10/325mg up to six per day is not medically necessary and appropriate.