

Case Number:	CM13-0038039		
Date Assigned:	12/18/2013	Date of Injury:	04/25/2012
Decision Date:	01/30/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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, 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 56 year old male with an injury date of 04/25/12. Based on the 09/04/13 progress report provided by treating physician, the patient complains of neck pain that radiates to the bilateral upper extremities with associated numbness and tingling, left greater than right, and low back pain. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Physical examination to the cervical spine revealed spasm and tenderness to palpation to the paravertebral muscles. Axial loading compression test was positive. Generalized weakness and numbness to the upper extremities noted. Patient's current medications include Naproxen. Treating physician request physical therapy and acupuncture. Patient is working full duty without limitations. Diagnosis 09/04/13; cervical discopathy; carpal tunnel/double crush syndrome. The utilization review determination being challenged is dated 09/19/13. Treatment reports were provided from 09/04/13 - 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Cyclobenzaprine Hydrochloride tablets 7.5mg #120, DOS 9/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Medications for chronic pain Page(s): 60, 61, 63-66.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities with associated numbness and tingling, left greater than right, and low back pain. The request is for Prescription of Cyclobenzaprine Hydrochloride tablets 7.5mg #120 DOS 09/04/13. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient's diagnosis on 09/04/13 included cervical discopathy and carpal tunnel/double crush syndrome. Physical examination to the cervical spine revealed spasm and tenderness to palpation to the paravertebral muscles. Axial loading compression test was positive. Generalized weakness and numbness to the upper extremities noted. Patient's current medications include Naproxen. The treating physician request physical therapy and acupuncture. Patient is working full duty without limitations. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid generic available): Recommended for a short course of therapy." MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Treating physician has not provided reason for the request, nor documented aim of use, potential benefits and side effects, as required by guidelines when initiating medications. Furthermore, the request for quantity 120 does not indicate intended short-term use. Therefore the request is not medically necessary.

Prescription of Tramadol Hydrochloride ER 150mg #90, DOS 9/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of Opioids Page(s): 60,61, 76-78, 88, 89..

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities with associated numbness and tingling, left greater than right, and low back pain. The request is for Prescription of Tramadol Hydrochloride ER 150mg #90 DOS 09/04/13. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient's diagnosis on 09/04/13 included cervical discopathy and carpal tunnel/double crush syndrome. Physical examination to the cervical spine revealed spasm and tenderness to palpation to the paravertebral muscles. Axial loading compression test was positive. Generalized weakness and numbness to the upper extremities noted. Patient's current medications include Naproxen. The

treating physician request physical therapy and acupuncture. Patient is working full duty without limitations. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In this case, treating physician has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treating physician's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Prescription of Quazepam tablets USP 15mg CIV #30, DOS 9/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Medications for chronic pain Page(s): 24; 60, 61.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities with associated numbness and tingling, left greater than right, and low back pain. The request is for prescription of Quazepam tablets 15mg CIV #30 DOS 09/04/13. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient's diagnosis on 09/04/13 included cervical discopathy and carpal tunnel/double crush syndrome. Physical examination to the cervical spine revealed spasm and tenderness to palpation to the paravertebral muscles. Axial loading compression test was positive. Generalized weakness and numbness to the upper extremities noted. Patient's current medications include Naproxen. Treating physician request physical therapy and acupuncture. Patient is working full duty without limitations. MTUS Guidelines, page 24, Chronic Pain Medical Treatment Guidelines: Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS does not recommend long-term use of Benzodiazepine. Treating physician has not provided reason for the request, nor documented aim of use, potential benefits and side effects, as required by guidelines when initiating medications. Since this is a RETRO request based on Initial date of service of 09/04/13, the

patient has already been prescribed unknown quantity of this medication. The request is not medically necessary.

Prescription of Medrox Patch #30, DOS 9/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111.

Decision rationale: The patient presents with neck pain that radiates to the bilateral upper extremities with associated numbness and tingling, left greater than right, and low back pain. The request is for prescription of Medrox Patch #30 DOS 09/04/13. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient is status post facet injection April 2013, which patient reports was only slightly beneficial, and knee surgery September 2009. Patient's diagnosis on 09/04/13 included cervical discopathy and carpal tunnel/double crush syndrome. Physical examination to the cervical spine revealed spasm and tenderness to palpation to the paravertebral muscles. Axial loading compression test was positive. Generalized weakness and numbness to the upper extremities noted. Patient's current medications include Naproxen. Treating physician request physical therapy and acupuncture. Patient is working full duty without limitations. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The treating physician has not provided reason for the request. According to drugs.com, Medrox patch contains Menthol 5g in 100g, Capsaicin 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Therefore the request is not medically necessary.