

Case Number:	CM14-0187941		
Date Assigned:	11/18/2014	Date of Injury:	01/13/2010
Decision Date:	01/06/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 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 an injured worker with a history of cervical spine surgery, cervical radiculopathy, carpal tunnel syndrome, depression, anxiety, and left knee pain ACL anterior cruciate ligament and meniscal repair surgery. Date of injury was 01/13/2010. The primary treating physician's progress report dated 10/21/2014 documented subjective complaints of left knee, neck, mid and low back pain. Left knee hardware removal was performed on September 15, 2014. She had breast cancer treatment. The knee is tender to palpation. There is swelling around the knee. She says her main complaint is with the neck, and she has numbness that radiates down to the thumb and index, finger of her fingers bilaterally, but more on the right side than left side. Regarding the Percocet, Relafen, Zanaflex, and Baclofen, she does have significant pain relief with medications. She says the pain level in the spinal region and the leg is around 8/10 in intensity, but with medications, it drops down to a 4/10 or 50% relief with the medications. She says the Zanaflex helps with the pain overall, but the side effects is drowsiness, so she only takes this at night. The Baclofen helps with the muscle spasms in the back and the pain levels. It does not cause drowsiness though. She is able to take the Baclofen during the day and take the Zanaflex at night. Medications were Percocet 5/325 two to three a day, Relafen 750 mg BID, Cymbalta 30 mg TID, Zanaflex 4 mg BID, Baclofen 20 mg as needed. She is allergic to Effexor. Objective findings were documented. The surgical scar over the left tibial region is well healed. Left knee range of motion is 0 to 110. She has tenderness at the scar with knee flexion. She is able to extend the knee fully. She has decreased cervical range of motion with flexion and rotation with cervical compression. She has radiation of paresthesia to the thumb and index finger of her right hand. This is somewhat relieved with cervical distraction maneuvers. She says she has not had physical therapy since having the cervical fusion and disk replacement. Diagnoses were neck pain, thoracic spine pain, lumbar pain, left knee pain, status post ACL anterior cruciate ligament

and meniscal repair on 10/20/2011, status post partial hardware removal on 09/15/2014, depression, anxiety, and breast cancer. MRI magnetic resonance imaging of her cervical spine from 04/29/2013 showed there is a severe artifact at C4-C5 and pedicle screws at C5-C6 and C6-C7. There appears to be arthroplasty at C4-C5. Other levels look fine. She is status post cervical fusion on March 2012. EMG electromyography of the bilateral upper extremities from 09/09/2013 showing chronic left C5 radiculopathy and mild right carpal tunnel syndrome. The patient has been having a satisfactory response with the medications. It is bringing her pain levels down from an 8/10 to 4/10, with about 50% relief. Treatment plan included Percocet 5/325 mg, Cymbalta, Baclofen, Relafen, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 percocet 5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Oxycodone/Acetaminophen (Percocet) Page 92 Page(s): 74-96, 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Percocet should be administered every 4 to 6 hours as needed for pain. For more severe pain the dose (based on Oxycodone) is 10-30mg every 4 to 6 hours prn pain. The patient is an injured worker with a history of cervical spine surgery, cervical radiculopathy, carpal tunnel syndrome, depression, anxiety, and left knee pain ACL anterior cruciate ligament and meniscal repair surgery. Left knee hardware removal was performed on September 15, 2014. Diagnoses were neck pain, thoracic spine pain, lumbar pain, left knee pain, status post ACL anterior cruciate ligament and meniscal repair on 10/20/2011, status post partial hardware removal on 09/15/2014, depression, anxiety, and breast cancer. MRI magnetic resonance imaging of her cervical spine from 04/29/2013 showed there is a severe artifact at C4-C5 and pedicle screws at C5-C6 and C6-C7. There appears to be arthroplasty at C4-C5. Other levels look fine. She is status post cervical fusion on March 2012. EMG electromyography of the bilateral upper extremities from 09/09/2013 showing chronic left C5 radiculopathy and mild right carpal tunnel syndrome. The primary treating physician's progress report dated 10/21/2014 documented the patient has significant pain relief with medications. She says the pain level in the spinal region and the leg is around 8/10 in intensity, but with medications, it drops down to a 4/10 or 50% relief with the medications. Medications are bringing her pain levels down from an 8/10 to 4/10, with about 50% relief. The medical records document that the patient's long-term medication regimen has included the prescription of Percocet. The patient has regular clinic visits for reassessment. Analgesia and benefit were documented. Medical records document objective evidence of pathology and pain. Medical records support the prescription of the

Percocet 5/325 mg prescription. Therefore, the request for 90 percocet 5/325mg is medically necessary.

90 Cymbalta 30mg with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta
http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical records document the diagnoses of depression, anxiety, chronic musculoskeletal pain, cervical radiculopathy, carpal tunnel syndrome, and neuropathic pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for 90 Cymbalta 30mg with 3 refills is medically necessary.

30 Baclofen 20mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Baclofen
<http://www.drugs.com/pro/baclofen.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle

relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. Medical records document that the patient has chronic occupational injuries and has been prescribed muscle relaxants long-term. MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. Patient has been prescribed Relafen, which is a NSAID. ACOEM guidelines state that using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Baclofen. Therefore, the request for 30 Baclofen 20mg with 3 refills is not medically necessary.