MAXIMUS Federal Services

Case Number:	CM14-0191464		
Date Assigned:	11/25/2014	Date of Injury:	12/15/1999
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, 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 is a female patient with the date of injury of December 1, 1999. A Utilization Review dated October 15, 2014 recommended non-certification of Cyclobenzaprine 10mg #60 and Kaiden ER 80 mg #60. An Evaluation dated October 3, 2014 identifies Subjective Complaints of upper back and lower back pain. Low back pain represents 70% of pain and leg pain represents 30%. Physical Exam identifies awkward and slowed gait. There is abnormal posture with mild flexion of the low back. Cervical spine revealed limited range of motion. Moderate muscle spasm, moderate hypertonicity, and moderate tenderness long bilateral cervical paraspinal muscles. Lumbar range of motion is limited. Facet distraction/loading maneuvers are positive moderately at bilateral L4-5 and bilateral L5-S1 for axial lumbar pain. There is decreased sensation, weakness, and reflexes in the lower extremities. Diagnoses identify bilateral cervical facet syndrome, lumbar spine radiculopathy, lumbar discogenic pain, lumbar spine pain, scar conditions and fibrosis of skin-midline longitudinal posterior neck, lumbar discogenic pain, bilateral cervical degenerative disc disease, lumbar HNP-disc disease NEC, cervical stenosis status post ACDF/PCDF Sept./Nov. 2001, bilateral cervicobrachial syndrome diffuse, lumbar stenosis with neurogenic claudication, lumbar ligamentum flavum, and abnormal posture-mild loss of lumbar lordosis. Treatment Plan identifies request to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

Kadian ER 80 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Kadian, California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Kadian is not medically necessary.