

Case Number:	CM14-0198509		
Date Assigned:	12/08/2014	Date of Injury:	08/23/2007
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 neck, back, and extremity conditions. Date of injury was August 23, 2007. The primary treating physician's progress report dated November 4, 2014 documented a history of left knee and back. The patient states needing a third Lyrica dose during the day. The patient states continued benefit with use of her Gabapentin neuropathic pain. The patient continues to suffer from neuropathic pain in bilateral upper and lower extremities. The patient states that the majority of pain is in the low back with radiation into bilateral lower extremities. The pain level today is 8/10 which she attributes to the colder weather flaring up her neuropathy. The patient would like to go forward with the spinal cord stimulator trial. She states she believes this therapy would significantly reduce her neuropathic pain as well as allow her to attempt to wean down or off her neuropathic pain medications and opioids. She defers spinal surgery at this time. She continues to use her Flexeril. She continues to have neck pain with radiation into bilateral upper extremities. She previously stated relief of low back pain with radiculopathy with lumbar epidural steroid injection performed on September 26, 2014. She has relief of muscular contractions and burning. She states continued significant relief of right hip pain with right hip injection performed on August 28, 2014. She is here for medication. The hip radiographs shows degenerative change. Knee image was unremarkable. The physician educated the patient and reviewed that cognitive opioid-related adverse effects could potentially impair patients abilities to drive or work safely, especially if their work involves operation of machinery. It seems reasonable to assume that a normal cognitive performance is a prerequisite for optimal performance of some tasks of everyday life, including the ability to drive and the ability to operate machinery. Furthermore, normal performance of cognitive functioning may well be associated with other aspects of quality of life such as tasks demanding vigilance, ability to concentrate, motivation, attention, and intact memory. Patient agrees and understands risks

and accepts full responsibility when performing any of the above tasks. Current medications included Lyrica, Voltaren transdermal gel, Cyclobenzaprine, Oxycodone, Colace, and Lidoderm. Physical therapy provided no relief. Past medical history included depression and anxiety. Physical examination was documented. The patient sits on the examination table throughout the examination, and displays normal pain behaviors. There was no evidence of over-medication, sedation, or withdrawal. Neck demonstrated decreased range of motion due to pain. Gait and station was slow and antalgic. Left lower leg slight swelling was noted, with no heat or redness. Tender in the mid back area, and decreased range of motion of the back due to pain. Bilateral knee weight bearing pain was noted. Skin was intact without lesions or rashes. The patient was alert and cooperative, concerned, engaging mood and affect, normal attention span and concentration. Diagnoses were lower leg pain, lumbago, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment plan was documented. Lyrica, Gabapentin, Oxycodone, Flexeril, and Ibuprofen 800 mg were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.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 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. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA

guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported. Therefore, the request for Flexeril 10 MG #90 is not medically necessary.

Ibuprofen 800 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The request for Ibuprofen 800 mg quantity #60 with 2 refills is not supported by medical records and MTUS guidelines. Therefore, the request for Ibuprofen 800 MG #60 with 2 Refills is not medically necessary.