

Case Number:	CM14-0200602		
Date Assigned:	12/10/2014	Date of Injury:	02/20/2013
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in Florida. 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 60-year-old female who sustained a work related injury on 02/20/2013. She has been treated for back and knee pain. MRI's were performed in 02/2014 of the Lumbar spine and Thoracic spine. The Lumbar spine MRI showed L4-L5 facet arthropathy with left neuroforaminal narrowing. L5-S1 facet arthropathy with bilateral neuroforaminal narrowing. There were no other significant findings in the Lumbar spine. The Thoracic spine MRI showed a syrinx at the T4-T10 level. A large disc extrusion was seen at C4-C5. Records state that she has a diagnosis of degenerative changes to the medial meniscus of her right knee and patellofemoral osteoarthropathy. Prior treatment has included 30 sessions of physical therapy, home exercise program, aqua therapy, TENS unit, and mediations (including use of chronic muscle relaxants and narcotics.) Her work status is described as temporarily totally disabled. Requests were made for a refill of Flexeril and authorization for Nucynta. A utilization review physician did not certify requests for these medications. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 90, dispensed on 10/03/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Cyclobenzaprine is not medically necessary.

Nucynta 75mg quantity 60, dispensed on 10/03/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, this patient has not returned to work and is described as temporarily disabled. He has had improved pain with the medication, but no objective evidence of improved functioning has been provided. Likewise, this request for Nucynta is not considered medically necessary.