

Case Number:	CM15-0141643		
Date Assigned:	07/31/2015	Date of Injury:	04/16/2004
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 51 year old female who sustained an industrial injury on 4-16-2004. She has reported bilateral knee pain and has been diagnosed with degenerative joint disease of the right knee. Treatment has included medications and surgery. The injured worker walked with a limp and had pain with squatting and with kneeling. There was medial joint line tenderness to palpation. There was a positive McMurray's test. There was plus 1 effusion at the time. There was positive crepitus on range of motion. The treatment plan included an MRI and medications. The treatment request included cyclobenzaprine, Naproxen sodium, and Buprenorphine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Flexeril 7.5mg #90 for DOS 7/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in April 2004 and is being treated for back and knee pain. Treatments have included a left total knee replacement and a right total knee replacement has been recommended. When seen, there were no reported abnormal findings. Cyclobenzaprine was prescribed. Prior muscle relaxants have included orphenadrine. Buprenorphine was prescribed at a total MED (morphine equivalent dose) of over 300 mg per day. Naproxen and Imitrex were also continued. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use and muscle relaxants have been prescribed on a long-term basis. Cyclobenzaprine was not medically necessary.

Naproxen Sodium-Anaprox 550mg #90 for DOS 7/1/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in April 2004 and is being treated for back and knee pain. Treatments have included a left total knee replacement and a right total knee replacement has been recommended. When seen, there were no reported abnormal findings. Cyclobenzaprine was prescribed. Prior muscle relaxants have included orphenadrine. Buprenorphine was prescribed at a total MED (morphine equivalent dose) of over 300 mg per day. Naproxen and Imitrex were also continued. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and is medically necessary.

Buprenorphine HCl sublingual 2mg #30 (MS) QTY 240 for DOS 7/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Buprenorphine, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 26, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in April 2004 and is being treated for back and knee pain. Treatments have included a left total knee replacement and a right total knee replacement has been recommended. When seen, there were no reported abnormal findings. Cyclobenzaprine was prescribed. Prior muscle relaxants have included orphenadrine. Buprenorphine was prescribed at a total MED (morphine equivalent dose) of over 300 mg per day. Naproxen and Imitrex were also continued. Buprenorphine is recommended as

an option for treatment of chronic pain in selected patients such as for analgesia in patients who have previously been detoxified from other high-dose opioids. In this case, there is no reported history of detoxification. Buprenorphine is being prescribed in excess of 120 MED and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.