

<b>Case Number:</b>	CM15-0145291		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 11-12-09. She has reported initial complaints of a crush injury to her left arm and hand after a tray of hot food fell on her. The diagnoses have included cervical neck pain with disc disease, cervical radiculopathy, and Reflex sympathetic dystrophy syndrome of the left upper extremity, right carpal tunnel syndrome, chronic pain syndrome and right carpal tunnel release. Treatment to date has included medications, activity modifications, diagnostics, epidural steroid injection (ESI), acupuncture, and other modalities. Currently, as per the physician progress note dated 6-30-15, the injured worker complains of neck and upper extremity pain. She complains of numbness in the right hand status post carpal tunnel release. There is pain that radiates down the right arm from the neck and she continues to have hyperesthesia in the left arm and pain in the right arm. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine. The current medications included Fentanyl, Gabapentin, Norco, Flexeril and Cymbalta. The pain is rated 6 out of 10 on the pain scale with medications and 9 out of 10 without medications. The physical exam reveals swelling of the right hand, tenderness at the incision site and mildly decreased grip strength. The cervical spine reveals tenderness, decreased range of motion in all fields, positive Spurling's test on the right, decreased sensation in the right arm and hand, and hyperesthesia of the entire left arm with discoloration. There is no previous urine drug screen reports noted. The physician requested treatments included Norco 10-325MG quantity of 120, Duragesic 25 MCG-Hour Patches quantity of 10 and Flexeril 10MG quantity of 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 3 years and over 6 months in combination with Fentanyl/Duragesic. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. In addition, the combined use of Norco and Fentanyl/Duragesic only caused a 3 point reduction in pain. The continued use of Norco is not medically necessary.

**Duragesic 25 MCG/Hr Patches Qty 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl/Duragesic Page(s): 47.

**Decision rationale:** According to the guidelines, Duragesic is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA- approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Norco for 3 years and recently in combination with Duragesic for over 6 months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no indication of failure of long-acting oral opioids or Tricyclics. Weaning attempt is not noted. Continued use of Duragesic is not medically necessary.

**Flexeril 10 MG Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with multiple opioids. Continued and chronic use is not medically necessary.