

Case Number:	CM15-0165133		
Date Assigned:	09/02/2015	Date of Injury:	11/12/1991
Decision Date:	10/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male sustained a work related injury on 11-12-1991. According to a progress report dated 07-16-2015, the injured worker reported that he was healing well from the recent intrathecal pump replacement. He was feeling better with use of the intrathecal pump medications and had been gradually increasing his activity. History of present illness included chronic cervicgia, occipital headaches, bilateral cervical radicular pain left greater than right, upper thoracic pain and bilateral lower extremity pain. Pain assessment included constant neck pain described as sharp, dull, aching throbbing, pins & needles, stabbing, numbness, pressure, electrical, shooting, burning, stinging, cramping, numbness, weakness and spasm. Previous pain rating was (good day) 3 on a scale of 1-10. Current pain rating (good day) was 5. Previous pain rating (bad day) was 8. Current pain rating (bad day) was 9. He reported severe neck pain radiating to the bilateral arms. Allergies included Anaprox (mild). Diagnoses included spinal stenosis lumbar, lumbar radiculopathy, cervical radiculopathy, failed neck surgery syndrome. Prescriptions included Cyclobenzaprine 10 mg three times a day as needed #90, Lyrica 100 mg three times a day #90, Fentanyl patch 50 mg per hour every 72 hours #10 and Norco 10-325 mg 1-2 tabs four times a day as needed #240. Treatments rendered included request ortho care interferential supplies, appeal cervical epidural steroid injection request, continue Norco (triplicate given), discontinue Zanaflex (caused adverse reaction), continue Fentanyl (triplicate given), continue Cymbalta, restart Cyclobenzaprine, intrathecal pump analyzed, continue home exercise and follow up in 4 weeks. The most recent urine toxicology was noted to be consistent. The intrathecal pump was analyzed and found to be working normally. The injured worker

reported good pain control from current opioid medications, increased physical activity and improvement in activities of daily living, mood and sleep. There were no reports of aberrant behavior. Currently under review is the request for Cyclobenzaprine 10 mg #90 with 1 refill and Fentanyl patch 50 mg-hour #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The current request is for Cyclobenzaprine 10mg #90 with 1 refill. The RFA is dated 07/20/15. Treatment history includes intrathecal pump, medications, rest, heat/cold application, TENS and physical therapy. The patient is not working. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Per report 07/16/15, the patient chronic cervicalgia, occipital headaches, bilateral cervical radicular pain left greater than right, upper thoracic pain and bilateral lower extremity pain. This is a request for the patient to "restart" Cyclobenzaprine. It appears this patient has used Cyclobenzaprine in the past. MTUS recommends antispasmodic agents such as Carisoprodol (Soma) and Cyclobenzaprine (Fexmid), only for a short period (no more than 2-3 weeks). The current request is for #90 with 1 refill, which does not indicate intended short term use. This request IS NOT medically necessary.

Fentanyl patch 50mg hr #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Fentanyl patch 50mg hr #10. The RFA is dated 07/20/15. Treatment history includes intrathecal pump, medications, rest, heat/cold application, TENS and physical therapy. The patient is not working. MTUS, Criteria for Use of Opioids

Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/16/15, the patient chronic cervicalgia, occipital headaches, bilateral cervical radicular pain left greater than right, upper thoracic pain and bilateral lower extremity pain. This is a request for refill of Fentanyl patches. The patient has been prescribed Fentanyl patches since at least 02/16/15. Progress reports provide before and after pain scales, as well as pain levels on good days, and bad days. The patient reports enhanced sleep, improved mobility, and improvement in self-care and ability to do housework. The patient reports no side effects with medication. The treater states, "unannounced urine drug screens are performed routinely. CURES database is reviewed routinely." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.