

Case Number:	CM15-0180595		
Date Assigned:	09/22/2015	Date of Injury:	09/02/2013
Decision Date:	10/30/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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:

The injured worker is a 57 year old male who sustained an injury on 9-2-13 resulting from cumulative trauma. Diagnoses are cervical stenosis, cervical spondylosis; and mild right carpal tunnel syndrome. Diagnostic tests included X-rays cervical spine, right shoulder; MRI cervical spine; electromyography nerve conduction studies. Treatment included ice, rest, medication, acupuncture, physical therapy, epidural steroid injection, and pain management. A cervical fusion C5-C7 was recommended on 8-11-14 on an orthopedic evaluation. He wears a brace at night and sometimes during the day. Medications included Ibuprofen, Neurontin, Flexeril and Tylenol. He was on modified work duty. The records indicate he has been taking Flexeril 10 mg as needed since at least April 2015. On 8-12-15 he reports neck pain that radiates down his right arm and the pain level has remained unchanged since his last visit. The pain is rated 8 out of 10 with medications and the quality of his sleep is poor due to poor pain control. Physical examination cervical spine reveals restricted range of motion; paravertebral muscles, spasm and tenderness of the right side; motor strength grip is 4+, 5 on the right. The treatment plan included continuing Flexeril 10 mg every night for spasms; start a trial of Nucynta 50 mg twice a day as needed. He is stable on current medication; function and activities of daily living improved optimally on current doses of medication. Current requested treatments: Nucynta 50 mg twice a day as needed; Flexeril, Cyclobenzaprine 10 mg every night. Utilization review 9-1-15 requested treatments are denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 at HS PRN #30: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The patient presents on 08/12/15 with neck pain which radiates into the the right upper extremity which is rated 8/10 with medications 9/10 without. The patient's date of injury is 09/02/13. Patient has no documented surgical history directed at this complaint. The request is for Flexeril 10mg 1 at HS PRN #30. The RFA was not provided. Physical examination dated 08/12/15 reveals tenderness to palpation of the cervical paraspinal musculature with spasms noted, positive Hawkin's test, Neer test, Speed's test, O'brien's test, "empty cans" test are noted in the right shoulder. The provider also notes decreased sensation in the right C4-C7 dermatomal distributions and positive Tinel's/Phalen's signs in the right wrist. The patient is currently prescribed Ibuprofen, Neurontin, Flexeril, Metformin, Pramipexole, Simvastatin, and Tylenol. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 07/08/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 30 tablets in addition to prior use does not imply short duration therapy. Furthermore, progress note 08/12/15 lists Flexeril among this patient's "failed medications" noting excessive drowsiness. Therefore, the request IS NOT medically necessary.

Nucynta 50mg 1 tab BID PRN #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th annual edition) 2015, Pain (chronic) Chapter.

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

Decision rationale: The patient presents on 08/12/15 with neck pain which radiates into the the right upper extremity which is rated 8/10 with medications 9/10 without. The patient's date of injury is 09/02/13. Patient has no documented surgical history directed at this complaint. The request is for Nucynta 50MG 1 tab BID PRN #60. The RFA was not provided. Physical examination dated 08/12/15 reveals tenderness to palpation of the cervical paraspinal

musculature with spasms noted, positive Hawkin's test, Neer test, Speed's test, O'Brien's test, "empty cans" test are noted in the right shoulder. The provider also notes decreased sensation in the right C4-C7 dermatomal distributions and positive Tinel's/Phalen's signs in the right wrist. The patient is currently prescribed Ibuprofen, Neurontin, Flexeril, Metformin, Pramipexole, Simvastatin, and Tylenol. Patient is currently advised to return to work with modified duties. 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 4 A's (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." MTUS, Medications For Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In regard to the requested Nucynta for the management of this patient's chronic pain, the request is appropriate. This appears to be the initiating prescription of this particular opiate medication, though there is some indication in the previous progress reports that this patient trialed Tramadol. However, the utilization of Tramadol was not sustained as the patient felt it made him "agitated." Per progress report 08/12/15 the provider notes that this patient's neck pain and radicular symptoms have been progressively worsening and states that he "discussed Nucynta which is a milder pain medication" in lieu of more potent opiate medications for pain. The previous progress note documents that a consistent urine drug screen was obtained shortly after initiation of Tramadol (just prior to discontinuation). Given this patient's worsening pain, functional decline, and the lack of current opioid utilization, a trial of Nucynta is an appropriate measure and could produce benefits. Therefore, the request IS medically necessary.