

Case Number:	CM15-0185844		
Date Assigned:	10/02/2015	Date of Injury:	03/11/2013
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 injured worker is a 57 year old female who reported an industrial injury on 3-11-2013. Her diagnoses, and or impressions, were noted to include: lumbar sprain-strain; left shoulder bicipital tenosynovitis; status-post left knee surgery, and status-post bilateral knee arthroscopies. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the lumbar spine and bilateral knees (Sept. & Oct., 2013); medication management; and restricted work duties prior to being taken off work. The progress notes of 8-20-2015 reported a return visit for: ongoing difficulty with pain in the mid-low back, bilateral wrists, and bilateral knees; that her spasms were severe in the low back and limited her ability to remain active; that she was pending Monovisc injections to her bilateral knees following findings of recent magnetic resonance imaging studies (7-8-15); that her pain was rated an 8-9 out of 10 without medications, and a 6 out of 10 with; and that she had been taken off of work until the completion of her bilateral knee treatment. The objective findings were noted to include: no exaggerated pain behavior; and tenderness with guarding in the lumbar para-spinal musculature that was with decreased range-of-motion due to pain. The physician's requests for treatment were noted to include refilling: Butrans 20 mcg-hour patch, 1 to "CW" every 7 days, #4; Cyclobenzaprine 10 mg, 1 tablet at bedtime, #30; and Norco 10-325 mg, 1 every 8 hours as needed "BTP", #90 because these medications help decrease her pain and improve her function, and without them without them she would have significant difficulty with routine activities of daily living. The Request for Authorization, dated 8-20-2015, included Butrans 20 mcg-hour patch, 1 to "CW" every 7 days, #4; Cyclobenzaprine 10 mg, 1 at bedtime; #30; and Norco 10-

325 mg, 1 every 8 hours as needed "BTP", #90. The progress notes of 6-25-2015 noted a discontinuation of Butrans Patches due to gastric intolerance, and supplementing with Norco and Flexeril. The Utilization Review of 9-4-2015 non-certified the requests for: Butrans Patches 20 mcg-hour, #4; Cyclobenzaprine 10 mg, #30; and Norco 10-325 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/hr #4: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the mid to low back, bilateral wrists and the bilateral knees. Her spasms are severe in the low back and limit her ability to remain active. Her pain is rated as an 8-9/10 in intensity, but is reduced to a 6/10 with use of her medications. The request is for Butrans 20mcg/hr #4. The request for authorization is dated 08/20/15. Physical examination reveals tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine is decreased secondary to pain. The patient states that her pain is decreased and her function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medications, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and she uses the medications as prescribed. Per progress report dated 08/20/15, the patient is taken off work. 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 progress report dated 08/20/15, treater's reason for the request is "Now that she is off work, for pain control." The patient has been prescribed Butrans since at least 05/28/15. MTUS requires appropriate discussion of the 4A's. In this case, in addressing the 4 A's, treater does not discuss how Butrans significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing significant pain reduction with use of Butrans. There is discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES report, or opioid contracts are provided for review. In this case, the treater has discussed and documented some but not all of the 4 A's as required by MTUS to warrant continuation of this medication. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg #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), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the mid to low back, bilateral wrists and the bilateral knees. Her spasms are severe in the low back and limit her ability to remain active. Her pain is rated as an 8-9/10 in intensity, but is reduced to a 6/10 with use of her medications. The request is for Cyclobenzaprine 10mg #30. The request for authorization is dated 08/20/15. Physical examination reveals tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine is decreased secondary to pain. The patient states that her pain is decreased and her function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medications, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and she uses the medications as prescribed. Per progress report dated 08/20/15, the patient is taken off work. 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 progress report dated 08/20/15, treater's reason for the request is "for intermittent flare ups of muscle spasms." Patient has been prescribed Cyclobenzaprine since at least 06/25/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine #30 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

Norco 10/325mg #90: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the mid to low back, bilateral wrists and the bilateral knees. Her spasms are severe in the low back and limit her ability to remain active. Her pain is rated as an 8-9/10 in intensity, but is reduced to a 6/10 with use of her medications. The request is for Norco 10/325mg #90. The request for authorization is dated 08/20/15. Physical examination reveals tenderness and guarding in the lumbar paraspinal musculature. Range of motion of the lumbar spine is decreased secondary to pain. The patient states that her pain is decreased and her function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medications, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and she uses the medications as prescribed. Per progress report dated 08/20/15, the patient is taken off work. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 05/28/15. MTUS requires appropriate discussion of the 4A's. In this case, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There is discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES report, or opioid contracts are provided for review. In this case, the treater has discussed and documented some but not all of the 4A's as required by MTUS to warrant continuation of this medication. Therefore, the request is not medically necessary.