

Case Number:	CM15-0189331		
Date Assigned:	10/01/2015	Date of Injury:	12/31/2004
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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 59-year-old female, who sustained an industrial injury on December 21, 2004, incurring neck and bilateral upper extremity injuries. She was diagnosed with cervical spinal stenosis, carpal tunnel syndrome and tenosynovitis of the hand and wrist. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, muscle relaxants, trigger releases on both hands, carpal tunnel releases bilaterally and activity restrictions. Currently, the injured worker complained of persistent neck and bilateral upper extremity pain. The neck pain radiates into the arm and down into the hands. She noted numbness and tingling made worse by repetitive activity, stress and colder weather. The pain interfered with her activities of daily living including household chores and self-care. She reported that the neuropathic medications provide relief up to 50% providing increased tolerance for activities and the ability to work full time. The treatment plan that was requested for authorization on September 25, 2015, included a prescription for Buprenorphine sublingual troches #120 and a prescription for Cyclobenzaprine 10 mg, #60 with 2 refills. On August 27, 2015, a request for a prescription for Buprenorphine was modified to a quantity of #60 and a request for a prescription of Cyclobenzaprine was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Buprenorphine 0.1mg sublingual troches #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use as a patch has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had been on the medication for over a year in combination with NSAIDS and muscle relaxants. Prior weaning failure was not noted. As a result, the use of Buprenorphine is not medically necessary.

1 Prescription of Cyclobenzaprine 10mg #60 with 2 refills: 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: 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 over a year with opioids and Zanaflex in the past 2 years. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.