MAXIMUS Federal Services

Case Number:	CM15-0203605		
Date Assigned:	10/20/2015	Date of Injury:	06/03/2011
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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 was a 45-year-old female, who sustained an industrial injury, June 3, 2011. The injured worker was undergoing treatment for status post anterior cervical discectomy and interbody fusion, chronic pain syndrome, spinal stenosis in the cervical region, postlaminectomy syndrome of the cervical region, brachial neuritis or radiculitis. According to progress note of August 13, 2015, the injured worker's chief complaint was neck pain with intermittent burning in the right arm. The pain was rated 2-3 with pain medications and 7-8 without medications. The physical exam of the cervical spine noted flexion to the chin and within 5 fingerbreadths from the chest. The extension of the neck was approximately 60% of normal. There was about 70% rotation bilaterally. The sensory, motor and deep tendon reflexes were intact in the upper extremities. The impression was the injured worker was having ongoing pain following a fusion and disc displacement. The injured worker felt better than prior to surgery. X-rays were taken at this visit no loosening or subsidence of the implant. According to the progress note of August 21, 2015, the injured worker's pain level had increased to an average pain of 3-5 with medications. The pain continued to radiate down the right arm, with reports of numbness and tingling. The injured worker reported a 50% reduction of pain with pain medications and reported no side effects. The urine testing from May 2015 was consistent with prescribed medications according to the progress note. The injured worker previously received the following treatments Norco 5- 325mg three times daily since April 17, 2015, Lyrica, Orphenadrine, Pantoprazole, Norco 10- 325mg since June 23, 2015, Fentanyl Patches 25mcg-hour since June 16, 2015 and physical therapy. The RFA (request for authorization) dated August 5, 2015; the following treatments were requested prescriptions for Duragesic Patch 25mcg-hour #10, Norco 10-325mg #90 and Flexeril7.5mg #60. The UR (utilization review board) modified certification on October 2, 2015; for prescriptions for Duragesic Patch 25mcg-hour to 5 and Norco 10-325mg to #50 and denied Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch is 25 mcg/hour QTY 10.00: 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): Fentanyl.

Decision rationale: According to the guidelines, Duragesic is an opioid analgesic with a potency eighty times that of morphine. Duragesic 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 Hydrocodone but there was no mention of failure of other long active oral opioids. The claimant had been on the medications for months. Continued use of Duragesic without failure of oral long-acting options is not medically necessary.

Norco 10/325 mg QTY 90.00: 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): Opioids for chronic pain, Opioids for neuropathic pain.

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 several months along with Duragesic. There was no mention of Tricyclic, Tylenol or weaning failure. Continued and chronic use of Norco is not medically necessary.

Flexeril 7.5 mg QTY 360.00: 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 a prolonged period along with high dose opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.