

Case Number:	CM15-0204921		
Date Assigned:	10/21/2015	Date of Injury:	09/10/2009
Decision Date:	12/09/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 48 year old male who sustained a work-related injury on 9-10-09. Medical record documentation on 7-2015 revealed the injured worker was being treated for cervical radiculopathy, adhesive capsulitis of the shoulder, complex regional pain syndrome and depression. He reported numbness in the thumb and index fingers in the right hand and 4th and 5th finger on the left side, neck pain with crepitus, bilateral shoulder pain and depression. He had massage therapy and after the 4th visit the symptoms worsened. He felt his neck and shoulder were frozen. His left neck and trapezius muscles were in a spasm. He complained of radiating pain down the left upper extremity. His current medications included Lorazepam 2 mg, Norco 10-325 mg, Lexapro 20 mg, Omeprazole 40 mg, Sentra PM (since at least 2-19-15), Percura, Flexeril 7.5 mg (since at least 12-18-14), and Nifedical XL 30 mg. Objective findings included neck rotation of 40 degrees to the right and 10 degrees to the left. Left shoulder was elevated. He had crepitus with rotation of the neck and had trigger points. In his extremities he had abduction in the left glenohumeral joint to 70 degrees with external and internal rotation to 60 degrees. Impingement signs were positive on the right shoulder. He had right abduction of 70 degrees, external rotation to 60 degrees and internal rotation to 80 degrees. His treatment plan included continuation of Sentra PM, Percura and Flexeril. A request for Percura #120, Sentra PM #60 and Cyclobenzaprine 7.5 mg #90 was received on 10-8-15. On 10-10-15, the Utilization Review physician determined Percura #120, Sentra PM #60 and Cyclobenzaprine 7.5 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Food: Percura quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods.

Decision rationale: The MTUS is silent on the topic of medical food. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker has any distinctive nutritional requirements. The request is not medically necessary.

Medication Food: Sentra PM quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Foods.

Decision rationale: The MTUS is silent on the topic of medical food. With regard to chronic pain, the ODG guidelines say this about Sentra PM: "Sentra PM" is a medical food from [REDACTED], [REDACTED], intended for use in management of sleep disorders associated with depression that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan." The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The records submitted for review do not include evidence that the injured worker has any distinctive nutritional requirements, nor have they addressed the injured worker's sleep hygiene. The request is not medically necessary.

Cyclobenzaprine 7.5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "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). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. The request is not medically necessary.