

Case Number:	CM15-0205783		
Date Assigned:	10/22/2015	Date of Injury:	02/15/2008
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
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, Arizona

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 37 year old male who sustained an industrial injury on 2-15-2008. A review of medical records indicates the injured worker is being treated for lumbar disc displacement, failed back surgery syndrome, lumbar, lumbar radiculopathy, status post disc replacement, right shoulder pain, constipation chronic, and chronic pain. Medical records dated 9-21-2015 noted neck pain that radiates down the left upper extremity and low back pain. Pain is aggravated by activity and walking. There was also pain in the left shoulder, left hip and bilateral legs and into the feet. Pain was rated a 10 out of 10 with medications and a 10 out of 10 without medications. Pain was reported s unchanged since the last visit. Physical examination noted lumbar spasm. There was tenderness noted upon palpation in the bilateral paravertebral area L3-S1 levels and of the left piriformis notch. Range of motion to the lumbar spine was limited. Tenderness was noted on palpation at the right anterior shoulder. Treatment has included Senokot, Percocet, Nucynta, Lidoderm, and Cyclobenzaprine since at least 9-21-2015. Utilization review form dated 10-9-2015 noncertified Lidoderm 5% patch #30, Cyclobenzaprine 10mg #60, and Nucynta ER 150mg #60. Senokot and Percocet were modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, in regards to Flexeril it is stated that "This medication is not recommended to be used for longer than 2-3 weeks." CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. The injured worker demonstrates ongoing pain despite chronic use of muscle relaxants. There are no extenuating circumstances noted to justify non-adherence to guideline recommendations. As such, this request is not medically necessary.

Lidoderm 5% patch #30: Upheld

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

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

Decision rationale: Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not maintain any of the above diagnoses and as such, this request does not coincide with applicable guidelines. Ongoing use is therefore not supported and the request is not medically necessary.

Nucynta ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Nucynta ER, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence

of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). The submitted records demonstrates that the 4 A's criteria are being met. Pain is 2-3/10 with medications including Nucynta with improved ability to perform ADLs, and the injured worker has a signed pain contract with ongoing monitoring. There is no aberrant drug taking behavior and no adverse side effects noted. As such, this request is medically necessary.

Senokot-S 8.6-50mg #90: Overturned

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

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

Decision rationale: Senna is a laxative used on a short-term basis to relieve constipation. If prescribing opiates has been determined appropriate, the official disability guidelines recommend prophylactic treatment of constipation should be initiated. As the request for Nucynta has been deemed appropriate, so too is the request for laxative, Senna-S to prevent opioid induced constipation. The request is medically necessary.

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). The submitted records demonstrates that the 4 A's criteria are being met. Pain is 2-3/10 with medications including Percocet with improved ability to perform ADLs, and the injured worker has a signed pain contract with ongoing monitoring. There is no aberrant drug taking behavior and no adverse side effects noted. As such, this request is medically necessary.

