

Case Number:	CM15-0214034		
Date Assigned:	11/03/2015	Date of Injury:	03/17/2011
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, 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:

This is a 36 year old female patient who sustained an industrial injury March 17, 2011. Diagnoses include chronic pain syndrome; adjustment disorder with depressed mood; thoracic sprain, strain; lumbago; other sleep disturbances; sprain stain of an unspecified site of knee leg. According to a treating physician's progress report dated September 21, 2015, she presented for post-procedure follow-up. She underwent a left L3, L4, and L5 facet medial branch block on September 1, 2015, with 90% relief of pain symptoms. However, the benefits have completely dissipated. No other complaints and no new tingling, numbness or weakness. Physical examination revealed tenderness to palpation bilaterally at the mid thoracic level; lumbar-somewhat flattened lordosis, tenderness over extensors and facet joints, left greater than right, range of motion limited due to pain and stiffness, pain on extremes of motion (including positive loading on the left), straight leg raise equivocal bilaterally; sensation intact throughout the bilateral lower extremities; gait normal; shoulder-Hawkin's test equivocal bilaterally; impingement sign-mild stiffness; left knee- mild pain with flexion and extension and mild crepitus. Current medication included cyclobenzaprine, Nabumetone, Medrox, and Norco (all medications since at least May 7, 2015). Past treatment included bilateral L5 transforaminal epidural steroid injections. At issue, is a request for authorization for Cyclobenzaprine, Medrox, and Norco. According to utilization review dated October 20, 2015, the request for Nabumetone is certified. The requests for Cyclobenzaprine Hydrochloride 7.5mg tab, (1) tab po QHS PRN (by mouth at hour of sleep as needed) #60, Medrox ointment 0.0375-5-20% as directed #1 Refills 0, and Norco 10-325mg tab (1) tab PO PRN (by mouth as needed) Q 8 hours #90 Refill 0 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tab 1 tab po prn Q8 hours #90 refill 0: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Norco 10/325mg tab 1 tab po prn Q8 hours #90 refill 0 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioid like tramadol for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg tab 1 tab po prn Q8 hours #90 refill 0 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.

Cyclobenzaprine HCL 7.5mg tab, 1 tab po QHS prn #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Cyclobenzaprine HCL 7.5mg tab, 1 tab po QHS prn #60 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided the patient had chronic pain. The patient has objective findings on the physical exam-tenderness to palpation bilaterally at the mid thoracic level; lumbar-somewhat flattened lordosis, tenderness over extensors and facet joints, left greater than right, range of motion limited due to pain and stiffness, pain on extremes of motion(including positive loading on the left); shoulder-Hawkin's test equivocal bilaterally; impingement sign-mild stiffness; left knee-mild pain with flexion and extension and mild crepitus. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine HCL 7.5mg tab, 1 tab po QHS prn #60 is medically necessary to use as prn during acute exacerbations.

Medrox ointment 0.0375-5-20 percent as directed #1 refills 0: 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): Topical Analgesics.

Decision rationale: Medrox ointment 0.0375-5-20 percent as directed #1 refills 0 Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." Per the cited guidelines, "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medrox ointment 0.0375-5-20 percent as directed #1 refills 0 is not fully established for this patient at that juncture. The request is not medically necessary.