

Case Number:	CM15-0217021		
Date Assigned:	11/06/2015	Date of Injury:	02/19/1987
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/04/2015

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

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 62-year-old female, who sustained an industrial injury on 02-19-1987. A review of the medical records indicates that the worker is undergoing treatment for cervical disc with radiculitis, facet arthropathy, lumbar disc with radiculitis, depression, manic-depressive disorder and degeneration of lumbar disc. Treatment has included Norco (since at least 06-12-2015), Cyclobenzaprine (since at least 06-12-2015), Tramadol, Keppra, Amitriptyline, Hydrocodone, transforaminal epidural steroid injections and cervical medical branch block. Subjective complaints (08-28-2015, 09-15-2015 and 10-15-2015) included neck and occipital headaches. Objective findings (09-15-2015) showed restricted range of motion of the cervical spine with pain, pain in the paraspinous muscles bilaterally and bilateral trapezius with muscle guarding, positive facet loading tests and decreased sensation to light touch along the C5-C8 dermatomes in the bilateral upper extremities. Objective findings (10-15-2015) included limited range of motion of the cervical spine, pain in the paraspinous muscles bilaterally and bilateral trapezius, muscle guarding, positive facet loading tests, decreased sensation to light touch in C5-C8, restricted range of motion with pain and muscle guarding of the lumbar spine, decreased sensation in L4-L5 in the right lower extremity and L5-S1 dermatomes in the left lower extremity and positive bilateral straight leg raise for radicular symptoms. There was no documentation of pain ratings before and after the use of Norco, average pain ratings, duration of pain relief from Norco, how long it took for pain relief or documentation of any objective functional improvement with use. There was no documentation of significant pain relief from Cyclobenzaprine, improved quality of life or objective functional

improvement. Requests for Norco and Cyclobenzaprine refills were submitted. A utilization review dated 10-22-2015 non-certified requests for Cyclobenzaprine 5 mg #90 and Norco 5-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg tab per 10/15/15 order #90: 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: The 62-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities with numbness and tingling in bilateral fingers, occipital headaches, and low back pain radiating to the heels, as per progress report dated 10/15/15. The request is for CYCLOBENZAQRINE 5mg TAB PER 10/15/15 ORDER #90. There is no RFA for this case, and the patient's date of injury is 02/19/87. The patient is status post partial knee replacement surgery in 2007, as per progress report dated 10/15/15. Diagnoses also included lumbosacral radiculopathy, cervical radiculopathy, cervicgia, low back pain, pain in unspecified shoulder, and lumbosacral inflammatory spondylopathy. Medications included Norco, Cyclobenzaprine, Advair, Sumatriptan, Sertraline, Amitriptyline, Keppra, Albutarol, Nitrostat, Isosorbide, Atenolol, Lithium and Aspirin. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a request to refill Cyclobenzaprine is first noted in progress report dated 08/28/15. In two prior reports dated 06/21/15 and 07/31/15, the treater recommends the patient to "stop" Cyclobenzaprine. It is not clear when the muscle relaxant was initiated. In progress report dated 10/15/15, the treater states, "the patient continues on stable doses of medications in a responsible and compliant fashion." The reports, however, do not document the efficacy of Cyclobenzaprine and its impact on the patient's pain and function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for # 90 IS NOT medically necessary.

Norco 5-325mg tab per 10/15/15 order #60: Upheld

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

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

Decision rationale: The 62-year-old patient complains of pain in the cervical spine radiating to bilateral upper extremities with numbness and tingling in bilateral fingers, occipital headaches, and low back pain radiating to the heels, as per progress report dated 10/15/15. The request is for NORCO 5-325mg TAB PER 10/15/15 ORDER #60. There is no RFA for this case, and the patient's date of injury is 02/19/87. The patient is status post partial knee replacement surgery in 2007, as per progress report dated 10/15/15. Diagnoses also included lumbosacral radiculopathy, cervical radiculopathy, cervicgia, low back pain, pain in unspecified shoulder, and lumbosacral inflammatory spondylopathy. Medications included Norco, Cyclobenzaprine, Advair, Sumatriptan, Sertraline, Amitriptyline, Keppra, Albutarol, Nitrostat, Isosorbide, Atenolol, Lithium and Aspirin. The patient is not working, as per the same progress report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, a request to refill Norco is first noted in progress report dated 08/28/15. In two prior reports dated 06/21/15 and 07/31/15, the treater recommends the patient to "stop" Norco and continue Tramadol instead. It is not clear when opioids were initiated. In progress report dated 10/15/15, the treater states, "the patient continues on stable doses of medications in a responsible and compliant fashion." The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." No UDS and CURES report were provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.

