

Case Number:	CM15-0041225		
Date Assigned:	03/11/2015	Date of Injury:	08/16/2003
Decision Date:	04/21/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	03/04/2015

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 53-year-old male, who sustained an industrial injury on August 16, 2003. He reported pain in his back associated with repetitive bending and lifting. The injured worker was diagnosed as having left L5-S1 disk herniation due to cumulative injury, lumbar radiculopathy and lumbar degenerative joint disease. Treatment to date has included medications, diagnostic studies, physical therapy, home exercises and surgery. On January 15, 2015, the injured worker complained that his back pain was getting worse along with shooting pain in his left leg. He rated his pain as a 4 on a 1-10 pain scale with medications and as a 10/10 on the pain scale without them. He reported 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. The treatment plan included a consideration for an epidural steroid injection; continue his home exercises, possible physical therapy, medications, work modifications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 1/31/15 Utilization Review letter states the Flexeril 10mg, #30 requested on the 1/19/2015 medical report was denied because the patient has used Flexeril since January 2012 and it exceeds the guideline recommended treatment duration. The 1/19/15 medical report was not provided for this review. According to the 1/15/15 medical report, the patient presents with 9/10 low back pain shooting down the left leg. Medications bring the pain level to 4/10. The report states there is a 50% improvement in pain and 50% improvement with function with activities of daily living with medications versus without. He is reported to be using Nucynta, Tylenol and ibuprofen. He states he would not be able to work without medications. The patient is still working with restrictions. The patient is fearful of injection procedures. PT has not helped much in the past. He is reported to have a pain contract on file and his urine drug screens have been appropriate. The treatment plan includes refilling ibuprofen 800mg, tid, OTC Tylenol extra strength; Flexeril 10 mg, prn spasm; and Nucynta 100mg. The 1/15/15 report did not discuss efficacy of Flexeril, but review of prior reports from 12/16/14 shows the patient uses this as needed for spasm. The 1/15/15 medical report does show exam findings of muscle spasms palpable in the lumbar trunk. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, Muscle relaxants (for pain) under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The patient has been using Flexeril for over 3-weeks, which exceeds the MTUS recommendations. The continued use of Flexeril 10mg, #30, IS NOT medically necessary.

Nucynta 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The 1/31/15 Utilization Review letter states the Nucynta 100mg, #30 requested on the 1/19/2015 medical report was denied because there was no documentation of intolerance to first line opioids,(from ODG guidelines) and documented quantified functional improvement (MTUS) The 1/19/15 medical report was not provided for this review. According to the 1/15/15 medical report, the patient presents with 9/10 low back pain shooting down the left leg. Medications bring the pain level to 4/10. The report states there is 50% improvement in pain and 50% improvement with function with activities of daily living with medications versus without. He is reported to be using Nucynta, Tylenol and ibuprofen. He states he would not be able to work without medications. The patient is still working with restrictions. The patient is fearful of injection procedures. PT has not helped much in the past. He is reported to have a pain contract on file and his urine drug screens have been appropriate. The treatment plan includes refilling ibuprofen 800mg, tid, OTC Tylenol extra strength; Flexeril 10 mg, prn spasm; and Nucynta 100mg. MTUS page 78 Criteria for use of Opioids, ongoing management,

recommends documentation of the 4A's (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. The physician reports 50% pain reduction with use of Nucynta, pain going from as high as 10/10 down to 4/10. There was a 50% improvement in function reported with ADLs and the patient has been able to continue working with the medications. The physician has monitored compliance and adverse behavior with urine drug screens and has an opioid agreement on file. MTUS guidelines supersede ODG guidelines. The request for continued use of Nucynta is in accordance with MTUS guidelines. The request for Nucynta 100mg, #30 IS medically necessary.