

Case Number:	CM15-0046092		
Date Assigned:	03/18/2015	Date of Injury:	01/18/2012
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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: Internal Medicine

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 45 year old male, who sustained an industrial injury on 1/18/2012. Diagnoses include disc herniation C6-7, left knee sprain, lumbar disc herniation L4-5 and L5-S1, and right C6 neuropathy. Treatment to date has included right shoulder arthroscopy with subacromial decompression and micro-tenotomy dated 2/21/2013. Treatment has also included medications, chiropractic care and injections. Per the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker reported ongoing neck pain with radiation to the mid back and bilateral scapula. He also complains of numbness and tingling in the right upper extremity, as well as twitching of the right digits. Physical examination revealed decreased range of motion of the cervical spine. There was no tenderness and detailed sensory examination from C2 to T1 is described as normal to soft touch and pinwheel. The plan of care included medications and authorization was requested for Fioricet #30, Flexeril 10mg #30 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page 47. Barbiturate-containing analgesic agents (BCAs) Page 23.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Fioricet which is categorized as a barbiturate-containing analgesic agent (BCA). Barbiturate-containing analgesic agents (BCA) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The primary treating physician's progress report dated 2/16/15 documented a physical examination of the cervical spine, which demonstrates negative tenderness, normal sensory and normal motor examination. The date of injury was 1/18/12. The use of Fioricet is not supported by MTUS guidelines. Therefore, the request for Fioricet #30 with 2 refills is not medically necessary.

Flexeril 10mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril <http://www.drugs.com/pro/flexeril.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. The primary treating physician's progress report dated 2/16/15 documented a physical examination of the cervical spine, which demonstrates negative tenderness, normal sensory and normal motor examination.

Medical records document a request for the muscle relaxant Flexeril 10 mg #30 with 2 refills. The long-term use of muscle relaxants is not supported by MTUS and FDA guidelines. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The use of Flexeril is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril (Cyclobenzaprine) is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck conditions. The primary treating physician's progress report dated 2/16/15 documented a physical examination of the cervical spine, which demonstrates negative tenderness, normal sensory and normal motor examination. The date of injury was 1/18/12. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The 2/16/15 physical examination demonstrated negative tenderness. The request for Norco 10/325 mg is not supported by MTUS / ACOEM guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.