

Case Number:	CM14-0121091		
Date Assigned:	08/06/2014	Date of Injury:	07/03/2012
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female who has submitted a claim for Lumbar Radiculitis and Cervical Radiculitis associated with an industrial injury date of July 3, 2012. Medical records from February 2014 to May 2014 were reviewed. Latest progress notes noted 5/29/2014 showed constant neck pain with radiation to the bilateral shoulders and bilateral upper extremities down to the level of the hands and fingers including numbness and tingling, as well as shooting and shocking sensations. She also complained of lower back pain 6-7/10 with radiation to bilateral buttocks and bilateral lower extremities along the posterior and lateral aspect of thighs down to the lateral aspect of the calves. Patient also continued to have irritable bowel; she had nausea, vomiting, and diarrhea and had to occasionally stop her medications in order to not exacerbate her gastrointestinal issues. Physical examination showed tenderness to palpation of the paravertebral musculature in the cervical spine with decreased range of motion and positive Spurling's sign. There was also tenderness to palpation of the paravertebral musculature in the thoracic and lumbar spine. There was also guarded range of motion of the lumbar spine with positive straight leg raise test bilaterally. Treatment to date has included physical therapy, home exercises, acupuncture, and medications Duragesic 25mcg patch and Hydrocodone/Acetaminophen 5/300mg (since at least February 2014) and trial for Flexeril 5mg TID (May 6, 2014). Utilization review, dated July 25, 2014, denied the request for Flexeril 5mg #20, Hydrocodone/Acetaminophen 5/300mg #150, and Duragesic 25mcg patch #10 since patient's response to prior intake/use of requested medications was not discussed. Improvements in terms of pain scores as well functionality were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, patient's date of injury was July 3, 2012 and has been complaining of chronic low back pain and neck pain. There is no documented muscle spasm from medical records provided. A trial for Flexeril was requested last May 6, 2014 however the medical necessity for Flexeril was not clearly established. Therefore, the request for Flexeril 5mg #20 is not medically necessary.

Hydrocodone/acetaminophen 5/300mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on chronic Hydrocodone/Acetaminophen use since at least February 2014. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Patient remains to complain of neck and back pain 6-7/10. It was also cited in progress notes dated 5/29/2014 that patient had to occasionally stop taking her medications to avoid exacerbation of her irritable bowel. Therefore, the request for Hydrocodone/ Acetaminophen 5/300 mg #150 is not medically necessary.

Duragesic 25mcg #10 patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl transdermal, Opioids, criteria for use Pag.

Decision rationale: Page 44 and 93 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic (fentanyl transdermal system) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed

by other means. On-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, Duragesic patch was used as far back as February 2014, from medical records provided. However, there was no objective evidence of continued analgesia and functional improvement directly attributed to its use. The guideline requires documentation of functional and pain improvement, appropriate medication use, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Duragesic 25 mcg #10 Patches is not medically necessary.