

Case Number:	CM14-0141932		
Date Assigned:	09/10/2014	Date of Injury:	02/13/2012
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury on 02/13/2012 due to an unspecified mechanism of injury. The injured worker had a history of lower back and neck pain. The injured worker had a diagnosis of low back pain and chronic pain due to trauma and existing sciatica. The prior surgeries included neck fusion in 01/2013 at the C3-4. The MRI of the cervical spine revealed degeneration at the C2-3 and the C4-5 and the C6-7. The past treatments included physical therapy, medication, and epidural steroid injections. The physical assessment dated 07/10/2014 of the cervical spine revealed stiff and tender to palpation, anterior flexion was noted to be 55 degrees, and extension was noted to be 65 degrees. Pain with extension at the cervical spine. The motor strength was left upper strength flexors 5/5 and right upper extremity upper extremity flexors were 4/5. Coordination: the patient's gait was normal and he was able to perform the heel walk and toe walk. Decreased sensation with light touch over the C5-6 dermatomes was noted. Medications included Norco, ibuprofen, cyclobenzaprine, and tramadol ER. The injured worker rated his neck pain at a 7/10 and back pain was 7/10 using the VAS. The treatment plan included Xartemis XR 7.5 mg/325 mg tablet extended release oral only and Flector 1.3% transdermal patch. The Request for Authorization dated 09/10/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis XR 7.5mg-325mg tablet extended release, oral only 1-2 Every 12 hours for 30 Days, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Guidelines; Xartemis XR: Opioids for the ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Xartemis XR 7.5mg-325mg tablet extended release, oral only 1-2 Every 12 hours for 30 Days, #90 is not medically necessary. The California MTUS guidelines recommend long-acting opioids (Oxycontin) for around the clock pain relief and indicate it is not for PRN use. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of documentation for activities of daily living, adverse side effects, or aberrant drug taking behavior. As such, the request for Xartemis XR 7.5mg-325mg tablet extended release, oral only 1-2 Every 12 hours for 30 Days, #90 is not medically necessary.

Flector 1.3% transdermal 12 hour patch 1 every 12 hours for 15 days, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Management; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Page(s): Page 41 page 111,.

Decision rationale: The request for Flector 1.3% transdermal 12 hour patch 1 every 12 hours for 15 days, #4 is not medically necessary. CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There is no peer-reviewed literature to support use. The Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product ... The addition of cyclobenzaprine to other agents is not recommended. As such, the request for Flector 1.3% transdermal 12 hour patch 1 every 12 hours for 15 days, #4 is not medically necessary.