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| Case Number: | CM14-0148331 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 08/09/2012 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/12/2014 |

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 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:

This 40 year-old patient sustained an injury on 8/9/12 while employed by [REDACTED]. Request(s) under consideration include 1 prescription for cyclobenzaprine 10mg #30, 1 prescription for Norco 5/325mg #30, and 1 prescription of Flector patch 1.3% #30. Diagnoses include cervical spine DDD; bilateral knee pain/ right knee sprain/ strain; and neck pain. Conservative care has included physical therapy, medications, cervical traction, and modified activities/rest. Report of 3/21/14 from the provider noted the patient with persistent neck and bilateral knee pain with intermittent pain worse on right side rated at 7-8/10. Exam showed antalgic gait; right knee tenderness with flexion of 120 degrees with positive tenderness at S1-S2. Treatment included Toradol IM and medication refills. The request(s) for 1 prescription for cyclobenzaprine 10mg was modified for quantity: 15, 1 prescription for Norco 5/325mg #30 was modified for quantity: 15, and 1 prescription of Flector patch 1.3% #30 was non-certified on 8/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The 1 prescription for cyclobenzaprine 10mg #30 is not medically necessary and appropriate.

1 prescription for Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 prescription for Norco 5/325mg #30 is not medically necessary and appropriate.

1 prescription of Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs (Flector patch) are not supported beyond trial of 2 weeks for this 2012 injury. There is no documented functional benefit from treatment already rendered. The 1 prescription of Flector patch 1.3% #30 is not medically necessary and appropriate.