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| Case Number: | CM14-0162408 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/27/2001 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Occupational Medicine 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 is a 44-year-old male with a 10/27/01 date of injury. A specific mechanism of injury was not described. The most recent report provided for review is dated 1/6/14. The UR decision dated 9/26/14 refers to an appeal note dated 10/14/14, however, this was not provided for review. In the appeal note, the provider stated that the patient is using a combination of Butrans patches and Norco in order to keep the patient at a comfortable level. The provider also stated that this combination is bringing his pain down to 5/10 vs. 10/10 prior to that combination. Combining these medications reduced his pain by 50%, allowing continuation of his activities of daily living and that the patient is compliant with all aspects of their practice, including drug screening, which was consistent with prescribed medications back in February. Regarding cyclobenzaprine, the provider stated this medication is used for management of his low back spasms and to help with sleep. Without cyclobenzaprine, the patient suffers from severe limitation in his ranges of motion. Diagnostic impression: L5-S1 disc disease with grade 1 stable spondylolisthesis and disc bulge at L4-L5, disc desiccation with annular tear; lumbar facet syndrome; multiple sclerosis with optic neuritis and legal blindness; depression; history of bowel obstruction and colon resection. Treatment to date: medication management, activity modification. A UR decision dated 9/26/14 denied the request for Norco and modified the request for cyclobenzaprine 10mg #90 with 3 refills to certify cyclobenzaprine 10mg #90 with zero refills. Regarding Norco, the patient had been using Norco over an extended period of time without significant improvement in pain or function. Although the addition of Butrans patches to Norco has shown a decrease in pain as well as decrease of Norco use, the patient has not yet shown that continued decrease in Norco use will result in pain elevation. Regarding Cyclobenzaprine, the rationale for the decision was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with 2 refills #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, well over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the patient is using a combination of Butrans and Norco. Buprenorphine, the active ingredient in Butrans, is a mixed opioid agonist/antagonist. Buprenorphine blocks the analgesic effects of other opioids, such as Norco. A specific rationale was not provided regarding why the patient requires this specific combination of medication. Therefore, the request for Norco 10/325mg #30 with 2 refills #120 was not medically necessary.

Cyclobenzaprine 10mg #90 with 3 refills: Upheld

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

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. According to the records reviewed, this patient has been on cyclobenzaprine since at least 10/22/12, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 10mg #90 with 3 refills was not medically necessary.