

<b>Case Number:</b>	CM14-0210321		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/24/2003
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 74-year-old man who sustained a work related injury on June 24, 2003. Subsequently, he developed neck and low back pain. Prior treatments include: mediations, physical therapy, acupuncture, aquatic therapy, chiropractic treatment, epidural steroid injections, trochanteric bursa injections, facet injections, multiple surgeries, bracing, and trathecal pain pump with subsequent removal. According to a progress report dated November 10, 2014, the patient reported back, knee, and neck pain. the patient stopped Percocet and he was using Butrans 10. His last cervical ESI was in August 2014 and did help with his pain for weeks. It was decided that the patient was not a surgical candidate and will continue the epidural injections for pain control. MRI of the cervical spine showed progressive deterioration of the structure of the neck, more at C5-6. The patient rated the level of hi pain as an 8/10 with medications and 9-10/10 without medications. Objective findings included: limited rotation of the neck with pain at C5-6; pain at the L5 area; decreased extension/flexion of the back; bent to the side with kyphotic posture; decreased rotation; pain at the area of the L5 junction and over facet area; deep tendon reflexes 2+ in the upper extremity and 0 in left lower extremity; sensory loss L5 area from back through the top of the foot; not able to heel and toe walk; hip range of motion limited; pain over the trochanter as well as behind in the gluteal area. The patient was diagnosed with postlaminectomy syndrome L3-4, stenosis, arachnoiditis, left lower extremity tib/fib fracture post open reduction internal fixation, deep venous thrombosis lower left extremity and on Coumadin, left shoulder impingement, frozen shoulder, hip pain radicular vrs bursitis, status post cellulitis and split-thickness skin graft, medication induced GI, embilic CVA with left

hemiparesis, and coronary artery disease. The provider requested authorization for Butrans transdermal system, Cyclobenzaprine hydrochloride, and Flector patch.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Butrans transdermal system 10mcg/hr patch #4 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Burpenorphine Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>.According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up or absence of side effects and aberrant behavior with previous use of opioids. The patient continued to have significant pain with Butrans. There is no justification to use multiple opioids. There is no recent documentation of recent opioid addiction. Therefore, the request for Butrans 10mcg with 2 refills is not medically necessary.

**Cyclobenzaprine hydrochloride 5mg #45 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine hydrochloride tablets 5mg #40 with 2 refills is not medically necessary.

**Flector patch 1.3% #90 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section-Flector patch (diclofenac epolamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. Based on the patient's records, the prescription of FLECTOR patches 1.3% #90 with 3 refills is not medically necessary.

**Flector patches 1.3%, sample given on 11/10/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section- Flector patch (diclofenac epolamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. Based on the patient's records, the prescription of FLECTOR patches 1.3% is not medically necessary.