

Case Number:	CM14-0216425		
Date Assigned:	01/06/2015	Date of Injury:	01/24/2003
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 46 year old male who sustained a work related injury on January 24, 2003 due to a motor vehicle accident. He sustained multiple injuries. The documentation supports the injured worker underwent multiple surgeries including a cervical one-cervical two fusion on January 7, 2004 after which he felt worse. He also had a cervical epidural steroid injection on September 11, 2014 and has used a transcutaneous electrical nerve stimulation unit for the pain. A progress report dated November 6, 2014 notes that the injured worker reported cervical pain and low and mid back pain with associated bilateral upper extremity numbness. The mid and lower back pain was described as constant, sharp, dull, aching, pins and needles and stabbing with numbness and pressure. The pain was rated as a nine out of ten on the Visual Analogue Scale. Physical examination of the cervical spine revealed paracervical tenderness and the range of motion was noted to be decreased. There was also pain in the right occipitoparietal area. Examination of the thoracic spine showed tenderness to palpation at the bilateral thoracic nine-thoracic ten levels. Lumbar examination revealed tenderness to palpation at the lumbar five-sacral one levels. The injured worker had a negative straight leg raise. Motor examination showed an antalgic gait, weakness and a hypolordotic posture. The injured worker was noted to have spasms in the right lumbar region and decreased strength of the right lower extremity. Sensation was decreased in the lumbar four to sacral one level. Active medications include Oxycodone Hcl 10 mg four times a day as needed; Methadone Hcl 10 mg two to three tabs three times a day, Promethazine Hcl 50 mg twice a day, Oxycontin 40 mg twice a day and Cyclobenzaprine Hcl 10 mg twice a day. A recent urine toxicology screen was consistent with all prescribed medications. Diagnoses

include failed neck surgery syndrome and cervical radiculopathy. The treating physician requested the medications Methadone Hcl 10 mg # 270 with one refill and Cyclobenzaprine Hcl 10 mg # 120 with one refill. Utilization Review evaluated and denied the medication requests on December 15, 2014. The request for the Methadone in this case is denied due to lack of documentation of why the Methadone was started and there is no indication that the injured workers pain has improved with the medication. Therefore, the request for Methadone was non-certified. The request for Cyclobenzaprine was non-certified because the injured worker has been on the medication for a prolonged period of time. Cyclobenzaprine is not recommended for longer than two to three weeks per the MTUS Chronic Pain Medical Treatment Guidelines. Based on the MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of these requests was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCl 10mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Methadone is an opioid medication recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Adverse effects include respiratory depression and QT prolongation. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Adverse effects include respiratory depression and QT prolongation. In this case prior opioid therapy for the patient was OxyContin and oxycodone. There is no documentation regarding the failure of treatment with OxyContin or the necessity of starting a second line opioid medication in its place. The risk of adverse effects is increased with methadone use and there is no documented benefit from its use. The request is not medically necessary.

Cyclobenzaprine HCl 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient had been using Flexeril since at least February 2014. The duration of treatment surpasses the recommended duration of two weeks. The request is not medically necessary.