MAXIMUS Federal Services

Case Number:	CM14-0216895		
Date Assigned:	01/06/2015	Date of Injury:	06/30/2004
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female with an injury date of 06/30/2004. Based on the 06/26/2014 progress report, the patient complains of neck pain and low back pain. She has constant radiation to the upper extremities, describes her neck pain as stabbing and burning, describes her low back pain as achy and burning, and also complains of right shoulder and bilateral hand symptomatology. The 11/25/2014 report indicates that the patient's neck pain is accompanied by tingling constantly in the bilateral upper extremities to the level of the shoulders, to the level of the elbows, to the level of the wrists, to the levels of the hands, to the level of the fingers. Neck pain is associated with bilateral frontal headaches. She has moderate difficulty in sleep. Her lower back pain radiates to her right lower extremity and she rates her pain as a 9/10. In regards to her lumbar spine, tenderness is noted upon palpation, sensory exam shows decreased sensitivity in the right lower extremity, motor exam shows moderate decreased strength in the right lower extremity, and straight leg raise in a seated position is positive on the right for radicular pain at 50 degrees. The patient's diagnoses include the following:1.Lumbar disk degeneration.2.Chronic pain.3.Lumbar disk displacement.4.Lumbar radiculitis.5.Lumbar radiculopathy.6.Anxiety.7.Gastritis. The utilization review determination being challenged is dated 12/03/2014. There are 2 treatment reports provided from 06/26/2014 and 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60 (2 x per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain with radiates down the bilateral upper extremities and low back pain which radiates down the right lower extremity. The request is for FLEXERIL 10 MG 1 B.I.D. #60: DETERMINATION, 12/03/2014. The lumbar spine has tenderness upon palpation, pain with increased flexion and extension, sensory exam shows decreased sensitivity in the right lower extremity, motor exam shows moderate decreased strength in the right lower extremity, and the patient has a positive straight leg raise on the right for radicular pain at 50 degrees. There is no indication of when the patient began taking Flexeril and the report with the request is not provided.MTUS, pages 63-66 states, "Muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxolone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."None of the reports provided discussed Flexeril. It is unknown when the patient began taking Flexeril or if this is the first prescription for Flexeril. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. Since the date the patient initially began taking Flexeril is not provided, she may have already exceeded the 2 to 3 week recommended by MTUS Guidelines. It is unknown if this medication is prescribed on a long-term basis. Therefore, the requested Flexeril IS NOT medically necessary.

Norco 10/325mg, #45 (1 every 6 hr): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with neck pain which radiates down the bilateral upper extremities and low back pain which radiates down the right lower extremity. The request is for NORCO 10/325 MG 1 EVERY 6 HOURS #45: DETERMINATION, 12/03/2014. The patient has been taking Norco as early as 06/26/2014.MTUS Guidelines, pages 88-89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work, and duration of pain relief.The 11/25/2014 indicates that the patient rates her pain as a 3/10 with medications and a 7/10 without medications. The 06/26/2014 urine drug screen indicates that the patient is inconsistent with her prescribed medications. "Tramadol is reported as prescribed and was not detected in the sample." Although the treater provides pain scales, not all 4As are addressed as required by MTUS Guidelines. The treater does not provide any examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES reports, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 06/26/2014 which showed that she was inconsistent with her prescribed tramadol. The treater does not provide proper documentation that is outlined in the MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

Flurbiprofen/Baclofen/Cyclobenzaprine 20%/2%/2%, 120gm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain which radiates down the bilateral upper extremities and low back pain which radiates down the right lower extremity. The request is for FLURBIPROFEN/BACLOFEN/CYCLOBENZAPRINE 20%, 12%, AND 12% 120 G CREAM: DETERMINATION, 12/03/2014. The patient has tenderness upon palpation on the lumbar spine, a decreased flexion/extension, sensory exam shows decreased sensitivity in the right lower extremity, motor examination shows moderate decreased strength in the right lower extremity, and the patient has a positive straight leg raise in a seated position for radicular pain at 50 degrees. The report with the request is not provided.MTUS has the following regarding topical creams (page 111, chronic pain section), "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS Guidelines states, "There is currently one phase 3 study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen."MTUS, page 111, states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, neither baclofen nor cyclobenzaprine are indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen. The requested compounded medication IS NOT medically necessary.

Retrospective urinalysis (DOS: 11/7/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with neck pain which radiates down the bilateral upper extremities and low back pain which radiates down the right lower extremity. The request is for a urinalysis obtained 11/07/2014: Determination, 12/03/2014. The patient had a prior urine drug screen on 06/26/2014 which indicated the patient was inconsistent with her prescribed medications. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The reason for the request is not provided. The report with the request is not provided either. The 11/25/2014 report indicates that the patient is currently taking Norco, tramadol, and tizanidine. The patient had a urine drug screen on 06/26/2014 which stated that "Tramadol is reported as prescribed and was not detected in the sample. Tramadol is inconsistent with prescription therapy." The treater does not document that the patient is at a high risk for adverse outcomes or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. Monitoring of the opiate with once yearly UDS is recommended per guidelines; however, the treater is requesting for an additional UDS when she just had one on 06/26/2014 which exceeds what is allowed by MTUS Guidelines. The requested urinalysis IS NOT medically necessary.