

Case Number:	CM15-0010204		
Date Assigned:	01/27/2015	Date of Injury:	07/15/2011
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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
 Certification(s)/Specialty: Family Practice

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 injured worker is a 74 year old female, who sustained an industrial injury on 7/15/2011. The diagnoses have included chronic low back pain, lumbar spinal stenosis, chronic pain syndrome, L1 compression fracture, myofascial pain syndrome and thoracolumbar spine pain. Treatment to date has included pain medications. According to the progress report dated 10/14/2014, the injured worker complained of aching pain in her low back. She also complained of periodic pain in the thoracic area that radiated to the shoulder blades. She had taken Nucynta, Flexeril and Percocet with good results and no side effects. With medication, she was able to do house work and activities around the house. She stated that her pain levels were 7/10 without medication, coming down to 4-5/10 with medication. It was noted that urine toxicology from 9/16/2014 was positive for Nucynta, but negative for Percocet. Physical exam revealed tenderness in the paraspinal muscles of the lower lumbar spine. On 12/19/2014, Utilization Review (UR) non-certified a request for Nucynta ER 150mg #60, noting that there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. UR non-certified a request for Flexeril 10mg #60 noting that there was no documentation of a maintained increase in function or a decrease in pain or spasm with the use of this medication. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there was some indication that part of this review was completed, there was insufficient reporting on the specific functional gains produced by Nucynta, independent of her other medications. Without this report, the Nucynta will be considered medically unnecessary until included in the notes available for review.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to suggest she was experiencing an acute muscle spasm flare-up to warrant short term Flexeril, and since the request was for the continuation of her chronic daily use of Flexeril, which is not recommended for this medication class, the Flexeril will be considered medically unnecessary to continue chronically as such.