MAXIMUS Federal Services

Case Number:	CM15-0017743		
Date Assigned:	02/05/2015	Date of Injury:	07/21/1995
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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, 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 injured worker is a 54 year old male with an industrial injury dated 07/21/1995. His diagnoses include lumbar spine degenerative disc disease, post lumbar laminectomy syndrome, piriformis syndrome, and lumbar radiculopathy. Recent diagnostic testing has included a MRI of the lumbar spine (03/19/2013) showing multilevel fusions, and degenerative disc disease. He has been treated with medications and physical therapy. In a progress note dated 12/18/2014, the treating physician reports low back pain radiating down to both legs with increased activity levels and deceased pain. The objective examination revealed restricted range of motion, tenderness to palpation of the lumber musculature, positive facet lumbar loading, and positive straight leg raises. The treating physician is requesting oral and topical medications which were denied by the utilization review. On 01/12/2015, Utilization Review non-certified a prescription for cyclobenzaprine 10mg tablet (take 1 three times per day as needed) #90, noting the medication is not recommended for long term use, and the absence of objective functional improvement with use.. The MTUS Guidelines were cited. On 01/12/2015, Utilization Review non-certified a prescription for Duragesic 25mcg/hour (patch to skin every 2 days) #7, noting the medication is not recommended as first-line therapy, and the absence of objective functional improvement with use. The MTUS Guidelines were cited. On 01/12/2015, Utilization Review non-certified a prescription for Hytrin 5mg capsule (take 1 capsule at bedtime) #30, noting the medication for which this medication was intended to treat side effects was non-certified. The MTUS Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of cyclobenzaprine 10mg tablet (take 1 three times per day as needed) #90,

Duragesic 25mcg/hour (patch to skin every 2 days) #7, and Hytrin 5mg capsule (take 1 capsule at bedtime) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg Tablet Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 44, 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 significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10mg quantity 90 tables is not medically necessary.

Duragesic 25mcg/hr patch one patch to skin twice a day Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Opioids: Ongoing management Page(s): 44,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 68.

Decision rationale: "Duragesic (fentanyl transdermal system). Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [redacted] and marketed by [redacted] (both subsidiaries of [redacted]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." In this case, the patient continued to have pain despite the use of high dose of opioids. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with his medication. In addition, there is no documentation that the patient developed tolerance to opioids or need continuous around the clock opioid administration. Therefore, the prescription of Duragesic 25mcg/hr patch one patch to skin twice a day Qty 15 is not medically necessary.

Hytrin 5mg capsules take 1 tab at bedtime Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http:www.drugs.com/hytin.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hytrin Medscape. http://reference.medscape.com/drug/hytrin-terazosin-342348

Decision rationale: According to Medscape, Hytrin is an alpha blockers indicated in case of prostate hypertrophy and hypertension. There is no documentation in the patient chart that is suffering from HTN or prostate condition. Therefore, the request for Hytrin 5mg capsules take 1 tab at bedtime Qty 30 is not medically necessary.