

Case Number:	CM15-0018892		
Date Assigned:	02/06/2015	Date of Injury:	09/11/2009
Decision Date:	07/22/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
 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 62 year old female with an industrial injury dated 09/11/2009. Her diagnoses included lumbar spinal stenosis with radiculopathy and cervical spinal stenosis with radiculopathy. Prior treatment included epidural steroid injection (reduced pain from 9/10 to 5/10 for 2 months), H wave, walking and medication. She presents on 01/08/2015 with complaints of back pain radiating from low back down both legs. The pain level had increased since last visit. She rates her pain with medications as 5/10 and as 9/10 without medications. Activity level had remained the same and quality of sleep was fair. Physical exam showed right sided antalgic gait without assistive devices. Range of motion of the cervical spine was limited with tenderness noted on the right side. Range of motion of the lumbar spine was restricted due to pain. Tenderness of the paravertebral muscles was noted on both sides. Light touch sensation was decreased over lateral calf and anterior thigh and lateral thigh on the right side. Sensation to pin prick was decreased over lateral calf and lateral thigh on the right side and absent over dorsum and lateral aspect of the foot on the right side. Her medications include Nabumetone, Nucynta, Norco, Cyclobenzaprine, Neurontin and Hydrochlorothiazide. Treatment plan included refilling her current medications. The treatment request is for Cyclobenzaprine 10 mg tablet 1 tablet at bedtime as needed, quantity 15 refill unspecified, Norco 10/325 mg tablet, 1 tablet twice daily as needed, quantity 30, refill unspecified and Nucynta ER 50 mg tablet 1 tablet twice daily, quantity 30 refill unspecified. The request for Nabumetone 500 mg tablet 1 tablet twice daily, quantity 30 refill unspecified and Neurontin 800 mg 1 tablet four times a day, quantity 60 refill unspecified was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 Mg Tablet 1 Tablet At Bedtime As Needed, Quantity: 15

Refill unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on muscle relaxants including Zanaflex for several years. The Flexeril was requested in combination with NSAIDS and opioids. Continued and chronic use of Flexeril is not medically necessary.

Norco 10/325 Mg Tablet, 1 Tablet Twice Daily As Needed, Quantity 30, Refill: Unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a several years in combination with NSAIDS and Nucynta. There was no mention of weaning failure. Pain control attributed to Norco alone cannot be determined. Continued and chronic use of Norco is not medically necessary.

Nucynta Er 50 Mg Tablet Er 12h, 1 Tablet Twice Daily, Quantity: 30, Refill Unspecified, As An Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Nucynta along with Norco, NSAIDS, muscle relaxants and ant-epileptics for years. There was no mention of Tricyclic or weaning failure. Long-term use of Nucynta has not been studied. Direct pain score benefit cannot be determined. Continued and chronic use of Nucynta is not medically necessary.