

Case Number:	CM15-0122319		
Date Assigned:	07/10/2015	Date of Injury:	04/16/2002
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female patient who sustained an industrial injury on 04/16/2002. A primary treating office visit dated 12/12/2014 reported the patient with subjective complaint of having acute mid-back pain. This happened about two weeks ago while at home, she noticed some back pain, stumbled and fell onto her buttocks with an acute exacerbation of symptom. She presented to an emergency department and was found to have a T12 compression fracture as a result of her fall. She was indicated for a probable kyphoplasty/vertebroplasty. A follow up visit dated 03/27/2015 reported subjective complaints of having back pain. Of note, she did have a surgical evaluation and was deemed being "not a good surgical candidate". The impression found the patient with mechanical back pain; and compression fracture at T12 healing. There is recommendation to undergo a pain management evaluation. A recent secondary treating office visit dated 06/16/2015 reported subjective complaints of having lower back pain that radiates all the way up her back to the neck and all the way down to the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Increase Butrans Patch to 10mcg every seven days quantity 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and sustained a T12 compression fracture after falling in December 2014. When seen, she was having low back pain radiating into the neck and into her right leg. Medications are referenced as decreasing pain from 10/10 to 6/10 and allowing for activities such as home-based physical therapy. Physical examination findings included positive right straight leg raising with lumbar paraspinal muscle spasms and trigger point and pain with spinal extension. Her Butrans dose was increased and Norco was continued. The total MED (morphine equivalent dose) was increased from 50 to 60 mg per day. Cyclobenzaprine was started for muscle spasms and a 30-day supply was provided. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Butrans is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested increasing in dosing remained within guideline recommendations and the dose was increased when the claimant was having ongoing moderate pain well after the compression fracture should have healed. There were no identified issues of abuse or addiction. The prescribing of Butrans at 10 mcg was medically necessary.

Cyclobenzaprine 7.5mg one tablet at bedtime quantity 30: 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 (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and sustained a T12 compression fracture after falling in December 2014. When seen, she was having low back pain radiating into the neck and into her right leg. Medications are referenced as decreasing pain from 10/10 to 6/10 and allowing for activities such as home-based physical therapy. Physical examination findings included positive right straight leg raising with lumbar paraspinal muscle spasms and trigger point and pain with spinal extension. Her Butrans dose was increased and Norco was continued. The total MED (morphine equivalent dose) was increased from 50 to 60 mg per day. Cyclobenzaprine was started for muscle spasms and a 30-day supply was provided. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is

recommended. In this case, there was no acute exacerbation and the quantity being prescribed was consistent with more than 2-3 weeks use. The request was not medically necessary.