

Case Number:	CM15-0173426		
Date Assigned:	09/15/2015	Date of Injury:	08/13/2003
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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: California

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:

This injured worker is a 57 year old female who reported an industrial injury on 8-13-2003. Her diagnoses were noted to include: dystrophy reflex sympathetic upper limb; chronic pain syndrome; chronic regional pain syndrome in the left upper extremity following "TFCC" repair (Dec., 2003) and de Quervain's tenosynovitis decompression (Aug., 2004). No current imaging studies were noted. Her treatments were noted to include: multiple surgeries (2003 & 2004); graduation from a functional restoration program; a home exercise program; splints; medication management with toxicology studies; and rest from work as she was noted to be permanently disabled. The progress notes of 6-22-2015 reported a follow-up visit for left upper extremity-hand pain secondary to reflex sympathetic dystrophy; the continuation, and recent exacerbation, of left upper extremity burning, numbness and tingling, to include the left elbow, which had interfered with sleep; and that an increased dose of Lyrica better controlled her symptoms; that Butrans Patches 5 mcg-hour gave her a reduction in pain from 8 out of 10, to 3-4 out of 10, with improved mobility and decreased sensitivity in the left arm and hand; and that she was able to manage her upper extremity pain with conservative measures of home exercises, splints and medications; and that she did not wish to have a spinal cord stimulator at that time. Objective findings were noted to include: no exhibition of acute distress; an antalgic gait; and mild atrophy in the left upper extremity; tenderness, hypertonicity and trigger points in the left trapezius muscle. The physician's requests for treatments were noted to include: an increase in Butrans Patches to 10 mcg-hour, applied to the skin every 7 days for pain, #4; Cyclobenzaprine-Flexeril 7.5 mg #90, 1 tablet up to 3 x a day as needed for spasms - muscle relaxant; and Flector 1.3%

Patch, 1 patch every 12 hours as needed to painful area, #60 with 3 refills. The progress notes of 7-20-2015 were noted to include the continuation of Cyclobenzaprine 7.5 mg, 1 tablet up to 3 x a day as needed for spasms - muscle relaxant, #90. The progress notes of 8-18-2015 were noted to include the continuation of Cyclobenzaprine 7.5 mg, 1 tablet up to 3 x a day as needed for spasms - muscle relaxant, #20. The history notes the use of Flector patches 1.3% as far back as April, 2015. The Request for Authorization, dated 7-2-2015, included: an increased in Butrans Patches to 10 mcg-hour applied to the skin every 7 days for pain, #4; Cyclobenzaprine-Flexeril 7.5 mg #90, 1 tablet up to 3 x a day as needed for spasms- muscle relaxant, #90; and Flector 1.3% Patches, 1 patch every 12 hours as needed to painful area, #60 with 3 refills. The Utilization Review of 8-31-2015 non-certified the requests for Cyclobenzaprine 7.5 mg on 6-22-2015, 7-20-2015 & 8-18-2015, and Flector Patches 1.3% on 6-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG (DOS 6/22/15) Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Instead, cyclobenzaprine has been prescribed for the long term against guidelines. The submitted records indicate that the patient has been on this medication orally since at least 1/29/15, which exceeds the recommended guidelines. Given this, the current request is not medically necessary.

Flector Patch 1.3 Percent (DOS 6/22/15) Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks."A review of the submitted medical records indicates that the duration of usage of topical NSAID in this case has been ongoing for several months. The progress note from 1/29/15 indicates the patient was already on Flector at that time, and this current request for a large supply would extend this prescription for months. Given this timeline, this request is not medically necessary.

Cyclobenzaprine 7.5 MG (DOS 7/20/15) Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Instead, cyclobenzaprine has been prescribed for the long term against guidelines. The submitted records indicate that the patient has been on this medication orally since at least 1/29/15, which exceeds the recommended guidelines. Given this, the current request is not medically necessary.

Cyclobenzaprine 7.5 MG (DOS 8/18/15) Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Instead, cyclobenzaprine has been prescribed for the long term against guidelines. The submitted records indicate that the patient has been on this medication orally since at least 1/29/15, which exceeds the recommended guidelines. Given this, the current request is not medically necessary.