

Case Number:	CM15-0176466		
Date Assigned:	09/17/2015	Date of Injury:	10/03/2007
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, Occupational 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 45 year old female who sustained an industrial injury on 10-3-07 involving her neck, back, left hip and left knee from a fall. Diagnoses included status post revision anterior cervical corpectomy and fusion (5-19-15); lumbago; pain in thoracic spine; thoracic, lumbosacral neuritis, radiculitis; brachial neuritis, radiculitis; cervicgia; post-laminectomy syndrome, lumbar and cervical regions; intervertebral lumbar, thoracic, cervical disc disease without myelopathy; degeneration of the lumbar, thoracic and cervical intervertebral discs. She currently (7-6-15) complains of constant low back pain that radiates down her legs bilaterally, left greater than right; neck pain radiating down the arms bilaterally with numbness, tingling, weakness. Her activities of daily living are affected, as she cannot be active longer than 30 minutes. She indicates that her pain increases 2 days after applying the Fentanyl patch, believing the medication is not lasting the 3 days. On physical exam of the cervical spine, there was decreased range of motion; lumbar and thoracic spine revealed tenderness to palpation with decreased range of motion. In the medications summary 7-6-15 the treating provider indicated that "medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued activities of daily living, improve affect and overall quality of life without any intolerable side effects". On 2-23-15 there was a drug screen performed which revealed inconsistent results with prescribed medications. From the documented provided the injured worker has been on Fenatnyl patch, Norco, oxycodone, trazadone, cyclobenzaprine, gabapentin since at least 5-4-15 with an increase in Fentanyl patch 7-6-15. In the 6-1-15 progress note the injured worker indicated a "dramatic improvement in radiating arm pain". Treatments to date included status post revision anterior cervical

corpectomy and fusion; cervical collar (discontinued 7-20-15); industrial medications: Fenatnyl patch, Norco, oxycodone, trazadone, cyclobenzaprine, gabapentin, Paxil; home exercise program. In the progress note dated 7-6-15 the treating provider refilled Fenatnyl patch (increasing), Norco, oxycodone (discontinued), trazadone, cyclobenzaprine, gabapentin. On 8-26-15 utilization review non-certified the requests for cyclobenzaprine 10mg #60 with 3 refills based on that it is recommended for a short course of therapy and no longer than 2-3 weeks; trazadone 50 mg #60 with 3 refills was modified to trazadone 50mg with no refills based on no documentation of coexisting mild psychiatric diagnoses of anxiety or depression and no evaluation of its efficacy; Norco 10-325mg#180 with 2 refills modified to Norco 10-325mg #38 with no refills and Fentanyl patch 75 micrograms with 2 refills modified to Fentanyl patches 75 micrograms, #3 with no refills based on the computed morphine equivalent dosage was twice the recommended ceiling and there was no evaluation of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cyclobenzaprine HCL 10mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. 60 tablets of Cyclobenzaprine HCL 10mg with 3 refills is not medically necessary.

60 tablets of Trazodone HCL 50mg with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antidepressants for chronic pain.

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. The Official Disability Guidelines recommend numerous antidepressants in a number of classes for treating depression and chronic pain. Trazodone is not contained within the

current recommendations by the ODG. 60 tablets of Trazodone HCL 50mg with 3 refills is not medically necessary.

180 tablets of Norco 10/325mg with 2 refills: 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): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 180 tablets of Norco 10/325mg with 2 refills is not medically necessary.

15 Fentanyl patches 75mcg with 2 refills: 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): Fentanyl.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 15 Fentanyl patches 75mcg with 2 refills is not medically necessary.