

Case Number:	CM15-0179394		
Date Assigned:	09/21/2015	Date of Injury:	01/14/2013
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Washington, 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 male who sustained an industrial injury on 1-14-13 to his right shoulder and low back. Diagnoses included low back pain with radiation to the right lower extremity; right sacroiliac joint arthropathy, rule out lumbar spondylosis. Diagnostics included MRI of the lumbar spine showing disc protrusion at L4-5 with narrowing of the right neural foramen. Treatment to date included physical therapy with no improvement, and medications (Norco, Flexeril, and flurbiprofen 15%, cyclobenzaprine 10%, baclofen 2%, lidocaine 5% cream). The provider's progress note on 8-24-15 reported continued complaints of low back pain radiating to the right lower extremity, associated with numbness, and tingling. The pain level was moderate-to-severe. On physical exam, there was tenderness over the spinous process of the lumbar spine, over the posterior superior iliac spine bilaterally, over the sacroiliac joint on the right, and over the facet joints. There was positive straight leg raise on the right causing back pain in the supine position, positive Fabere test on the right and decreased lumbar range of motion. Prior notes documented the following: In the 4-7-15 the injured worker lost his prescriptions for pain medication. On both 2-26-15 and 3-24-15 the injured worker's pain level was 8-9 out of 10. The injured worker had been on Norco and Flexeril since at least 2-26-15 and on flurbiprofen 15%, cyclobenzaprine 10%, baclofen 2%, lidocaine 5% since at least 3-24-15. In the progress note dated 8-24-15 the treating provider's plan of care included requests for Flexeril 5 mg #60 for muscle relaxation; Norco 10-325mg #60 for breakthrough unbearable pain; flurbiprofen 15%, cyclobenzaprine 10%, baclofen 2%, lidocaine 5%, 180 grams for symptomatic relief of pain in the lumbosacral area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 MG Qty 60: 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: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month. Since there is no documented provider instruction to use this medication on an intermittent or "as needed" basis and since there is no documentation that this medication has decreased, muscle spasms or improved patient activity there is no indication to continue use of this medication. Medical necessity for use of cyclobenzaprine is not medically necessary.

Norco 10/325 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities

have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy or that the provider is appropriately monitoring this patient for the safe use of opioids (in that there is no documentation that the medication lowers pain, no documentation of side effects, no documentation of evaluations for possible medication abuse or misuse/drug-seeking behaviors and no documentation of patient drug contract). Given all the above information there is no indication to continue use of this medication. Medical necessity is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5%, 180 Grams:
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), Lidoderm (lidocaine patch), Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Jorge LL, Feres CC, Teles VEP. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2011; 4: 11-24.

Decision rationale: Flurbiprofen-Cyclobenzaprine-Baclofen-Lidocaine cream is a combination product formulated for topical use. It is made up of of flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication), cyclobenzaprine (a muscle relaxant), baclofen (a antispasticity agent), and lidocaine (an anesthetic). The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The use of NSAIDs has been effective topically in short term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Baclofen is indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is not recommended. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since the topical use of baclofen and the use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not medically necessary.