

Case Number:	CM15-0098903		
Date Assigned:	06/01/2015	Date of Injury:	05/16/2003
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 55 year old female, who sustained an industrial injury on 5/16/03. The injured worker was diagnosed as having cervical disc degeneration, brachial neuritis or radiculitis, long-term use of other medications and fasciitis. Treatment to date has included oral medications including opioids, topical medications including Lidoderm and Fentanyl patch, functional restoration program and activity restrictions. Currently, the injured worker complains of neck pain associated with aching and radiating to arm and shoulder, rated 7/10. The neck pain is worse when she is doing light activities. She is currently not working. She is on long-term opiate therapy and is compliant with random urine drug screens. She has been on the same medications since approximately 2009. Physical exam noted reduced cervical range of motion with cervical and trapezius spasming. The treatment plan included refilling of all medications and authorization for a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg/hr patch #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Duragesic (fentanyl transdermal system) Page(s): 78; 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing, p 86. Decision based on Non-MTUS Citation Duragesic Prescribing Information.

Decision rationale: The claimant sustained a work injury and May 2003 and continues to be treated for chronic radiating neck pain. Medications include Duragesic and Norco being prescribed at a total (MED (morphine equivalent dose) of 150 mg per day. Cyclobenzaprine was being prescribed on a long-term basis. When seen, medications are referenced as decreasing pain by 50% with improvement in activities of daily living and sleep. Authorization for a spinal cord stimulator had been requested. Physical examination findings included decreased cervical spine range of motion with muscle spasms. 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. Duragesic is a sustained release formulation and would be used to treat baseline pain, which is present in this case. There are no identified issues of abuse or addiction. Although the total MED (morphine equivalent dose) is in excess of guideline recommendations, the claimant is being considered for a spinal cord stimulator which is a palliative treatment and requirements would include failure of noninvasive therapies including opioids. In terms of dosing, a small proportion of adult patients may require application at 48 hours rather than at 72 hours, if adequate pain control cannot be achieved using a 72-hour regimen. Therefore, the prescribing of Duragesic was medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63.

Decision rationale: The claimant sustained a work injury and May 2003 and continues to be treated for chronic radiating neck pain. Medications include Duragesic and Norco being prescribed at a total (MED (morphine equivalent dose) of 150 mg per day. Cyclobenzaprine was being prescribed on a long-term basis. When seen, medications are referenced as decreasing pain by 50% with improvement in activities of daily living and sleep. Authorization for a spinal cord stimulator had been requested. Physical examination findings included decreased cervical spine range of motion with muscle spasms. 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, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.