

Case Number:	CM13-0049898		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	02/28/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 54 year old male who sustained an industrial related injury on 12/06/2005 when he slipped on some grease and fell landing on his right side. The results of the injury included injury to the right hip, right shoulder, and right-side of face with loss of consciousness. The initial diagnoses included bulging disc (unspecified locations). Per the most recent evaluation prior to the request (dated 10/14/2013), the injured worker's subjective complaints included debilitating cervical and lumbar pain and sleep disturbance. Objective findings included: significant loss or range of motion (ROM) in the cervical spine; tenderness to palpation with trigger points noted in the neck and trapezius muscle; weakness was noted throughout the left upper extremity with significant grip loss; mild atrophy of the intrinsic muscles of the left hand (when compared to the right hand); slightly blunted reflexes on the left triceps (when compared to the right); and notably decreased sensation along the left posterolateral triceps and lateral arm. The examination of the lumbar spine revealed: tenderness to palpation throughout the lumbar musculature; decreased ROM with forward flexion resulting in barely being able to bring his fingertips to his knees; straight leg raise in the modified position was positive bilaterally with the left at 45 and the right at 60; decreased sensation in the posterolateral thigh and posterolateral calf as well as dorsum of the left foot; mildly blunted reflexes on the left Achilles tendon; and decreased motor strength with dorsiflexion of the left foot and ankle when compared to the right. Current diagnoses included status post L1-L2 posterior fusion, L4-S1 posterior lumbar interbody fusion (PLIF), anterior cervical discectomy and fusion (ACDF) at C3-C4, C4-C5, C5-C6 and C6-C7, bilateral

lower extremity radiculopathy with right greater than left, reactionary depression/anxiety, possible right sacroiliac joint syndrome, and medication induced gastritis. Diagnostic testing has included a MRI of the cervical spine (10/15/2007) which revealed moderate to marked degeneration at C4-C5, C5-C6, and C6-C7 with 3-4 mm disc bulges and neural foraminal narrowing and contacting the existing nerve roots. A second MRI of the cervical spine (11/30/2011) revealed degenerative disc disease, a 3 mm right paracentral disc herniation at C5-C6 associated with neural foraminal stenosis, and a 4 mm broad based disc bulge at C6-C7 with bilateral neural foraminal stenosis. A MRI of the lumbar spine (10/10/2007) revealed status post fusion at L1-L2, a 2.5 mm disc bulge at L1-L2, subtle disc bulges at L2-L3 and L3-L4, 3 mm disc bulges at L4-L5 and L5-S1 with bilateral foraminal narrowing at both levels, and facet joint hypertrophy at L2-S1. A CT scan of the lumbar spine (11/30/2011) showed evidence of surgical arthrodesis at L1-L2 with a right-sided pedicle screw appearing to tunnel through the lateral cortex of the right pedicle with near complete loss of disc height, 3-3.5 mm disc protrusions at L3-L4 and L4-L5, a caudal disc extrusion at L4-L5 extending 7.8 mm and causing mild central canal narrowing and moderate bilateral foraminal narrowing. Electrodiagnostic studies of the upper and lower extremities (11/06/2007) revealed moderate left carpal tunnel syndrome, and moderate to severe right carpal tunnel syndrome. A repeat of the electrodiagnostic studies of the upper and lower extremities (10/04/2011) revealed right sided acute L5 radiculopathy and mild bilateral carpal tunnel syndrome. Treatment to date has included fusion of L2-L4 (03/20/2006), fusion at L4-S1 (06/22/2013), unknown surgical procedure at the C3-C7 levels (11/08/2012), medications, and trigger point injections. Treatments in place around the time the FexMid was requested included a current medication regimen which included MS-Contin, Norco, Neurontin, Anaprox DS, Prilosec, FexMid, Trazodone, Lidoderm patches and Restoril. The injured worker reported pain had unchanged. There were no noted changes in functional deficits and activities of daily living. The injured worker's work status was unchanged as the injured worker remained permanent and stationary. Dependency on medical care had increased with the recommendation for additional therapies and medication changes. On 10/28/2013, Utilization Review non-certified a request for FexMid 7.5 mg #120 which was requested on 10/23/2013. The FexMid was non-certified based on the non-recommendation of long term use of this medication. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of RETRO Anaprox DS 550 mg #60, RETRO FexMid 7.5 mg #120, RETRO Prilosec 20 mg #60, and RETRO Norco 10/325 mg #120. According to the UR report, the retrospective request for Anaprox DS 550 mg #60, Prilosec 20 mg #60, and Norco 10/325 mg #120 were approved/certified; therefore, these issues are not eligible for the IMR and will not be considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FEXMID 7.5 MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril) Up To Date, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for FEXMID (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. 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. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine Recommended as an option using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. As such, the request for Fexmid 7.5mg #120 is not medically necessary.