

Case Number:	CM13-0022468		
Date Assigned:	03/19/2014	Date of Injury:	10/30/2006
Decision Date:	05/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Treatment to date has included laminotomy and foraminotomy at L4-L5 and L5-S1 (06/26/2012), physical therapy, oral medications, and nerve branch blocks. Utilization review from 02/19/2014 modified the request for Duragesic ER 50mcg/hr #15 because it was determined that the patient was not an ideal candidate for chronic opiate use due to presence of comorbidities (i.e. obesity, diabetes, depression, and anxiety). Patient was also found to exceed the recommended ceiling of 120 MED placing him at high risk for overdose and fatality. The same utilization review also denied the request for Phentermine ER 37.5 mg #30 because there was no documentation stating that patient had already tried lifestyle changes, behavior modification, increased physical activity, etc. prior to starting a weight loss medication. Zanaflex was certified conditionally for 2 months due to lack of documentation. The most recent progress report available for review is dated 08/20/2013 showing that the patient was complaining of chronic neck and lower back pain associated with stiffness. Pain was described as aching, sharp, and stabbing that shoots down both lower extremities with a severity of 5/10. Aggravating factor for neck pain includes turning on both sides with a rate of 6/10. Patient complains of "difficulty walking, sitting and standing." Physical examination revealed tenderness over C4-T1 facet capsules bilaterally, "pain with rotational extension to the right", positive Spurling's at right, positive maximal foraminal compression testing bilaterally and pain with Valsalva maneuver. There was tenderness at L3-S1 facet capsules. Patient also manifested with stiffness of the lumbar region, muscle strength of 5-/5 for bilateral upper extremities, decreased light touch at L5 and S1 dermatomes, left with hyporeflexia (+) at bilateral patellar and Achilles reflex. MRI of lumbar spine, dated 12/15/2011, showed left paracentral disc protrusion at L5-S1, with evidence for impingement upon the left S1 root which represents significant interval worsening compared to 01/11/2002 results. Electromyography and Nerve

Conduction Study dated 07/16/2013 revealed bilateral C8 radiculopathies. Current medications include Duragesic 50mcg/hr ER patch, 1 patch every 2 days; Norco 325 mg tablet, 1 p.o. up to 7x daily; Phentermine 37.5mg/tablet ER, 1 p.o. once daily; Topamax 50mg/tablet, 3 tablets every 12 hours; Wellbutrin 100mg/tablet, 1 tab p.o. 3x daily; and Zanaflex 4mg/tablet, 2 tablets before bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section Page(s): 63.

Decision rationale: According to page 63 of Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the earliest progress report mentioning patient's usage of Zanaflex was September 2012; long-term use is not recommended. Medical records submitted did not show any evidence that the medication provided pain relief and if it improved functional activities. Furthermore, the request is non-specific in terms of frequency of use and amount of medication to dispense. Therefore, the request for Zanaflex 4mg is not medically necessary and appropriate.

DURAGESIC 50 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Section Page(s): 44,93.

Decision rationale: Page 44 of Chronic Pain Medical Treatment Guidelines state that "Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Furthermore, page 93 also states that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy that cannot be managed by other means (e.g., NSAIDs). The medical records submitted for review indicate that the patient has used Duragesic chronically since July 2011 and has failed to derive any lasting benefit or functional improvement. A progress note written in October 2012 stated that patient was already complaining of back pain with a severity of 5/10 and neck pain with a rate of 6/10. The severity of pain is similar to the latest progress note written on August 2013 despite the use of Duragesic with no mention of functional benefits derived from the use of this medication. In addition, the request is non-specific in terms of frequency of use and amount

of medication to dispense. Therefore, the request for Duragesic 50mg is not medically necessary and appropriate.

PRONTEMINE 37.5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration Website, Phentemine Section.

Decision rationale: Prontemine cannot be found in relevant drug formularies. The treatment plan in the progress notes mention Phentermine. The CA MTUS does not address Phentermine. Alternative guidelines were used. The Food and Drug Administration (FDA) states that Phentermine hydrochloride tablets are indicated as a short-term (a few weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index $>30\text{kg/m}^2$, or $>27\text{kg/m}^2$ in the presence of other risk factors (e.g., controlled hypertension, diabetes, hyperlipidemia). Medical records indicate that patient started intake of Phentermine tablet since June 2012 and long term use is not recommended. There was no documentation stating that the patient had strict lifestyle changes and behavioral modification as adjunct to this medication. Therefore, the request for Prontemine 37.5mg #30 is not medically necessary and appropriate.