

<b>Case Number:</b>	CM13-0037890		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 56-year-old male who reported an injury on 07/31/2001. The mechanism of injury was not provided. The patient developed chronic low back pain status post surgical intervention that was managed with medications. The patient was monitored with aberrant behavior with urine drug screens. The patient did participate in a home exercise program that was reinforced by physical therapy. The patient's most recent examination findings included an increase in strength and range of motion as a result of the most current physical therapy. The patient's medication schedule included Suboxone 8/2 mg, gabapentin 300 mg, tizanidine 4 mg 1 per day. It was noted that the patient was able to reduce his medications by 40% as a result of the most recent physical therapy. The patient's diagnoses included postlaminectomy syndrome, lumbar degenerative disc disease, lumbosacral neuritis, lumbago, opioid dependence, and psychogenic pain. The patient's treatment plan included continued medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg:** 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 Relaxants Page(s): 63.

**Decision rationale:** The tizanidine HCl 4 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has positively responded to active physical therapy and as been able to reduce his medications by approximately 40%. The California Medical Treatment Utilization Schedule does not recommend the long-term use of muscle relaxants. Guidelines recommend use the limited to approximately 4 weeks. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations of 4 weeks. As such, the requested tizanidine HCl 4 mg is not medically necessary or appropriate.

**. Lunesta 3mg:** 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 Medications for Chronic Pain Page(s): 60.

**Decision rationale:** The requested Lunesta 3 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints in the low back and lower extremity that has been responsive to physical active physical therapy. Official Disability Guidelines recommend the use of this type of medication in the treatment of insomnia. It is the only FDA approved drug for long-term use. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptom response as there is no recent evaluation of the patient's sleep hygiene. As such, the continued use of Lunesta 3 mg would not be medically necessary or appropriate.

**One prescription of Suboxone 8-2mg:** 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 Buprenorphine Page(s): 23.

**Decision rationale:** The requested Suboxone is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend the use of this medication in the management of chronic pain for patients who have a history of opioid

dependence. The clinical documentation submitted for review does indicate that the patient has a history of opioid dependence and that his pain is managed 40% with this medication. However, the request as it is written does not identify a quantity. Therefore, the safety and efficacy of this medication cannot be determined. As such, the requested 1 prescription of Suboxone 8 2mg, unknown quantity is not medically necessary or appropriate.

**Gabapentin 300mg:** 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 Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 60,16.

**Decision rationale:** The requested for Gabapentin 300 mg, unknown quantity is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the continued use of this medication be based on documentation of symptom relief and functional benefit. Although it is noted in the documentation that the patient receives significant pain relief from this medication that would support continued use, the request as it is written does not clearly identify a quantity. Therefore, the efficacy and safety of this medication cannot be determined. As such, the requested for Gabapentin 300mg, unknown quantity is not medically necessary or appropriate.