

<b>Case Number:</b>	CM13-0049393		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/14/2008
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 has a subspecialty in Physical Medicine and Rehabilitation and is licensed to practice in Pediatric Rehabilitation Medicine. 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:

The patient is a 30-year-old male who reported injury on 07/14/2008. The mechanism of injury was not provided. The patient's medication history included Tizanidine and Duragesic as of 2012. The documentation of 10/11/2013 revealed the patient had had pain, which the patient described as someone was stabbing his back with the knife. He indicated the medications take the edge off. The patient's CURES report and urine drug screen were appropriate. The patient's current medications were noted to be Gabapentin, Duragesic, Opana, and Zanaflex. The patient's diagnoses included lumbosacral facet arthropathy, sacral somatic dysfunction, and lumbar radiculopathy, as well as sacroiliac joint pain. The patient indicated he was doing well with the regimen of Fentanyl, Opana ER, Gabapentin, and Tizanidine. The pain relief that was provided was 50%, and the patient was noted to have gained "good function" with the regimen. It was further indicated that the patient's back spasms are usually triggered when the patient tries to increase activity level and are worse at night. The request was made for a refill of the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL (DURAGESIC) 25MCG/HR, #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Duragesic (Fentanyl) Ongoing Management Page(s): 44, 78.

**Decision rationale:** California MTUS Guidelines indicate that Duragesic (Fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation of an objective improvement in function, as well as an objective decrease in the VAS score. There was documentation the patient was being monitored for aberrant drug behavior. Given the above, the request for Fentanyl (Duragesic) 25 mcg/hr #15 is not medically necessary.

**TIZANIDINE (ZANAFLEX) 4MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use if recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation additionally indicated the patient had been taking the medication since 2012. The clinical documentation submitted for review indicated the patient had muscle spasms. However, there was a lack of documentation indicating objective functional improvement. Given the above, the request for tizanidine (Zanaflex) 4 mg #60 is not medically necessary.