

Case Number:	CM14-0002788		
Date Assigned:	01/29/2014	Date of Injury:	01/22/2007
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

The patient is a 49 year-old male who was injured on 1/22/2007. He has been diagnosed with lumbar failed surgery syndrome; lumbar radiculopathy; lumbar disc degeneration; s/p lumbar laminectomy; s/p lumbar fusion. According to the 12/10/13 pain management report from [REDACTED], the patient presents with lower back pain that radates down both lower extremities. 7/10 with medication and 9/10 without medications. He was using Norco 10/325mg q6h and Butrans patches 10mcg; and Zanaflex. On 12/16/13, UR denied the Butrans patches and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR BUTRANS 10 MCG/PATCH #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of Opiate Agonist Dependence.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine & Pain Outcomes and Endpoints Page(s): 26-37 & 8-9 of 127.

Decision rationale: According to the 12/10/13 pain management report from [REDACTED], the patient presents with lower back pain that radates down both lower extremities. 7/10 with medication and 9/10 without medications. He was using Norco 10/325mg q6h and Butrans

patches 10mcg; and Zanaflex. The records show [REDACTED] first evaluated the patient on 2/12/13, but on that report, there was no mention of medications. The 3/19/13 report from [REDACTED] states the patient's pain level is 8/10 without meds and 7/10 with medications, but did not list the medications the patient was taking. The pain levels are duplicated on the 4/16/13 and 5/14/13 reports and the reports still did not mention what medications the patient was taking. The 7/23/13 report still reports 8/10 pain without meds and 7/10 pain with meds, but this is the first report that mentions Butrans patches. The pain levels on the follow-up report dated 8/20/13 are the same, 8/10 without meds and 7/10 with meds. The patient was reported to be using Norco since he lost his prescription for Butrans patches and did not have it filled. He was prescribed Butrans patches, Norco and Zanaflex. The next follow-up is dated 9/17/13. Pain levels are now 9/10, coming down to 8/10 with medications. Butrans, Norco and Zanaflex were refilled. The 10/15/13 report shows 8/10 pain dropping to 7/10 with meds. The 11/12/13 report shows pain at 9/10 without meds and 8/10 with meds. According to the MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement . MTUS on page 8 states "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 There is no mention of improved pain, or improved function or improved quality of life with the use of Butrans patches. This is not a satisfactory response. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, based on guidelines and a review of the evidence, the request for Butrans are not medically necessary.

ONE PRESCRIPTION FOR TIZANIDINE HCL 4 MG #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 for Pain & Pain Outcomes and Endpoints Page(s): 66 & 8-9 of 127.

Decision rationale: The records show the patient's pain levels and function on 8/20/13 before using the Zanaflex and on 9/17/13 after using the Zanaflex have worsened, and by 10/15/13 remained the same. MTUS on page 8 states "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 There is no evidence of improved pain, or improved function or improved quality of life with the use of Zanaflex. This is not a satisfactory response. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine is not medically necessary.