

Case Number:	CM14-0004904		
Date Assigned:	01/24/2014	Date of Injury:	06/04/1998
Decision Date:	06/26/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

The patient is a 57-year-old female who has submitted a claim for chronic low back pain, multi-level lumbar degenerative disease, lumbar facet arthropathy L2-L3, L3-L4, L4-5, L5-S1, restless leg syndrome, sleep disturbance, depression status post laminectomy L3-4 associated with an industrial injury date of June 4, 1998. Medical records from 2013-2014 were reviewed showing the patient having persistent mid and lower back pain which radiates to the right leg. There is associated numbness and tingling. Physical examination of the lumbar spine revealed tenderness in the lumbosacral musculature without myospasm and limited range of motion on flexion and extension. MRI of the lumbar spine, dated March 26, 2009, revealed evidence of previous partial laminectomies posteriorly at L3-L4 and L5-S1, focal osteophyte at L3-L4 in the right lateral recess and neural foraminal region causing severe right lateral recess stenosis, focal osteopye and possible disc herniation in the left lateral recess of L4-L5, facet arthropathy and articular process hypertrophy at L2-L3 through L5-S1, and evidence of clumping of nerve roots of cauda equine suggests possible arachnoiditis at the L3-L4 level. Official report of the study was not available. Treatment to date has included medications, acupuncture, psychologic counseling, lumbar epidural injections, chiropractic physiotherapy, physical therapy, Stanford pain program, and discectomy on the right L3-L4. Utilization review dated December 13, 2013 denied the request for Butrans 20mcg per hour patch #4 because there is no history of opioid addiction or has been on long acting opioids. Request for Tizanidine 4mg #60 PO BID was also denied since muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 20MCG PER HOUR PATCH #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine transdermal system.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Buprenorphine transdermal system

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Buprenorphine is recommended for treatment of opiate addiction, and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Official Disability Guidelines state that the FDA has approved a once-weekly buprenorphine transdermal system for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period. In this case, it is not known if the patient previously took Butrans. This medication is indicated for opiate addiction, which the patient does not currently have. The medical necessity has not been established. Therefore, the request for Butrans is not medically necessary.

TIZANIDINE 4MG #60 1 PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63,66.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Acetaminophen and NSAIDs remain the first-line drugs for chronic pain. MTUS guidelines also state, Tizanidine is said to be FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been on Tizanidine since November 2012. Physical exam did not demonstrate presence of muscle spasm. Moreover, long-term use of this medication is not supported by the MTUS guidelines. Therefore, the request for Tizanidine 4mg #60 1 po bid is not medically necessary and appropriate.