

<b>Case Number:</b>	CM14-0006951		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Occupational Medicine 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 42-year-old male who has submitted a claim for lumbar radiculopathy, left shoulder pain, s/p left shoulder surgery twice, associated with an industrial injury date of December 17, 2009. Medical records from 2013 were reviewed. The latest progress report, dated 12/16/2013, showed neck pain that radiates bilaterally in the upper extremities. There was low back pain that radiates in the left lower extremity. There was upper extremity pain in the left shoulder. There was occipital headache and mid-back pain. Physical examination revealed the patient was in moderate distress. Tenderness was noted in the spinal vertebral area L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. Straight leg raise test in the seated position was positive in bilateral lower extremity. Tenderness was noted at the left anterior shoulder. The range of motion of the left shoulder was decreased due to pain. Motor exam showed decreased strength in the left lower extremity. Treatment to date has included left shoulder arthroscopic surgery, decompression and SLAP repair, acupuncture therapy, myofascial release therapy, cortisone injections, physical therapy, and medications such as Tizanidine since January 2013 and Butrans patch prescribed November 2013. Utilization review from 01/03/2014 denied the request for the purchase of Tizanidine 4mg #30 because within the medical information available for review showed documentation of muscle spasms; however, given documentation of the 12/17/2009 date of injury, there was no documentation of acute muscle spasms. The request for Butrans 10mcg/hr patch #4 was denied because the medical information available for review showed documentation of moderate to severe chronic pain; however, there was no documentation of the patient requiring a continuous, around-the-clock opioid analgesic for an extended period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER.

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

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, patient has been on Tizanidine since January 2013. However, medical reviews failed to document presence of muscle spasm on physical exam that may warrant its use. Furthermore, long-term use is not recommended. Therefore, the pharmacy request for Tizanidine 4mg #30 is not medically necessary.

**BUTRANS 10 MCG/HR PATCH #4:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/butrans-patch.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** Pages 26 to 27 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that buprenorphine is recommended for treatment of opiate addiction. In this case, the patient was prescribed Butrans in December 2013. However, the medical records did not document objective measures of analgesia and functional gains attributed with the use of Butrans. In addition, the medical records also failed to provide evidence of history of opiate addiction. There is no clear indication for continued use of this medication. Therefore, the request for Butrans 10 mcg/hr patch #4 is not medically necessary.