

Case Number:	CM14-0118289		
Date Assigned:	08/06/2014	Date of Injury:	10/26/2009
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family 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:

This 52 year old patient had a date of injury on 10/26/2009. The mechanism of injury was not noted. In a progress noted dated 2/25/2014, subjective findings included numb left foot with weakness. Pain in left toes and left shoulder was unchanged. Physical therapy is helping. On a physical exam dated 2/25/2014, objective findings included tenderness to palpation over left lumbar facets, left sacroiliac joint, left buttock, left lumbosacral region, left lateral hip. There was spasm, pain with extension, pain with forward flexion, pain with left lateral bending, pain with right lateral bending, pain with right lateral rotation. Diagnostic impression shows pain in limb, lumbar disc degeneration with myelopathy, lumb/lumbosacral disc degeneration. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/30/2014 denied the request for Butrans patch 10mcg/hr #2 retro, stating no documentation this patient can do more activities of daily living since starting the Butrans in December of 2013, and there was no functional improvement noted and Zanaflex 2mg #90 retro, stating that this patient is using it chronically and there is no documentation of this patient having muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg/hr #2, retro: 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 Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Buprenorphine

Decision rationale: CA MTUS recommends Butrans patches for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). A schedule-III controlled substance, buprenorphine is a partial agonist at the mu-receptor (the classic morphine receptor) and an antagonist at the kappa- receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). In the reports viewed, and in a progress report dated 6/12/2014, the patient has been on Butrans patches since at least 2013, with no documented functional improvement. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Lastly, the request for retrospective does not include the dates to be evaluated. Therefore, the request for Butrans patch 10mcg/hr #2 is not medically necessary.

Zanaflex 2mg #90, retro: 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 Page(s): 63-66.

Decision rationale: A MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the reports viewed, and in a progress report dated 6/12/2014, the patient has been on Zanaflex since at least 2013, and guidelines only support short term use. Prolonged use of this medication may lead to dependency and diminished efficacy. Furthermore, the request for retrospective does not include the dates to be evaluated. Therefore, the request for Zanaflex 2mg #90 is not medically necessary.