

Case Number:	CM14-0131900		
Date Assigned:	08/20/2014	Date of Injury:	01/20/1987
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, and Pain 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 injured worker is a 70-year-old female who reported an injury on 01/20/1987 caused by an unspecified mechanism. The treatment history included pain management, medications, and MRI studies. The injured worker was evaluated on 05/22/2014. It was documented the injured worker complained of painful muscle spasms in the lower back. The medications continued to benefit and provide functional gains by assisting the injured worker with activities of daily living and mobility. On the physical examination, there was antalgic gait, ambulating with cane, and had difficulty putting weight down on the left lower extremities. There was tenderness of the gluteus medius, sciatic nerve, and piriformis. There was tenderness of the left upper hamstring. There was pain with motion of the lumbar spine. There was decreased sensation of the knee and medial leg. Supine straight leg raising test was positive. The pain pump resides in the left upper quadrant of the soft tissues. The injured worker was evaluated on 07/17/2014 and it was documented the injured worker complained of multiple issues that are acute and problematic. It was noted she fell while at home when her right leg gave out. She fell onto a plant that was being supported by a thin metal pole. The pole went through her lower lip into her mouth, breaking her dental bridge. She had lost consciousness and came to in the emergency room. On physical examination, she was uncomfortable. She was lying down. Blood pressure was 122/68 and heart rate was 75 beats per minute. Her pain level was 8/10 to 9/10. The injured worker's gait was antalgic. She had difficulty ambulating. In the lower extremities, there was decreased motor in the left/ankle dorsiflexion. Straight leg raise test was positive in the left lower extremity. Medications included tizanidine 4 mg, fentanyl 50 mcg, and Robaxin 500 mg. The Request for Authorization dated 04/24/2014 was for Tizanidine 4 mg. The request dated for 05/24/2014 was for Fentanyl 50 mcg/hour transdermal patch and Robaxin 50 mg tablet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #1201 PO (By Mouth) 3-4 X Day As Needed for Spasm (DOS: 04/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION PAIN PROCEDURE SUMMARY. LAST UPDATED 05/15/2014.

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

Decision rationale: The request is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. In addition, the guidelines do not recommend Tizanidine to be used for long term use. Given the above, the request for Tizanidine 4 mg # 120 1 PO by mouth 3-4 X day as needed for spasm (DOS: 04/24/2014) is not medically necessary.

Fentanyl 50mcg/hour Transdermal Patch # 15, Apply Patch Every 48 Hours (DOS:05/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESICS (FENTANYL TRANSDERMAL SYSTEM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) & Fentanyl Page(s): 44, 47.

Decision rationale: The requested Fentanyl 50 mcg/hour Transdermal Patch # 15, Apply Patch Every 48 Hours (DOS:05/24/2014) is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Duragesic fentanyl transdermal system as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. 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. Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. The documents submitted for review lacked evidence of conservative care outcome measures of physical therapy and home exercise regimen for the injured worker. In addition, the request failed to indicate location where the Fentanyl patch should applied on the injured worker. Therefore, the request

for Fentanyl 50 mcg/ hour transdermal patch # 15 apply patch every 48 hours (DOS: 05/24/2014) is not medically necessary.

Robaxin 500 mg Tablet #75 Take 1 Tablet PO (By Mouth) 2-3 Times a Day As Needed for Spasm (DOS: 05/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION PAIN PROCEDURE SUMMARY. LAST UPDATED 05/15/2014.

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

Decision rationale: The request for Robaxin 500 mg Tablet #75 Take 1 Tablet PO (By Mouth) 2-3 Times a Day As Needed for Spasm (DOS: 05/24/2014) is not medically necessary. The Chronic Pain Medical Treatment Guidelines note that muscle relaxants for pain are recommended in certain situations. Nonsedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. It was documented that the injured worker complained of painful muscle spasms in the lower back on the date of service. The medications continue to benefit and provide functional gains by assisting the injured worker with activities of daily living and mobility. However, there was no supporting evidence of objective functional improvement with medication use. As such, the request for Robaxin 500 mg Tablet #75 Take 1 Tablet PO (By Mouth) 2-3 Times a Day As Needed for Spasm (DOS: 05/24/2014) is not medically necessary.