

<b>Case Number:</b>	CM14-0154414		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/07/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 female, age unknown, who reported injury on 08/07/2001. The mechanism of injury was not provided. The diagnoses included C3-C7 surgical fusion, chronic low back pain, C7 radiculopathy, and right median neuropathy. The past treatments included Robaxin. The progress note, dated 08/27/2014, noted the injured worker complained of right neck pain, with increasing spasms since she was denied her Robaxin. The pain level was reported to be a 5/10 to 6/10 without medications and a 4/10 to 5/10 with the Duragesic patch and Norco. The physical exam reveals tenderness over the right cervical paraspinal muscles and decreased range of motion. The medications included Duragesic patch 50 mcg every 2 days, Norco 10/325 mg 4 to 6 daily, Robaxin 750 mg 3 a day, amitriptyline 10 mg 2 to 3 a day, Colace 100 mg 3 to 4 times a day as needed, Lyrica 75 mg 3 times daily, and Imitrex as needed for headaches. The treatment plan recommended tapering the Duragesic patch from 50 mcg every 72 hours to 25 mcg every 72 hours, continuing the Norco, stopping the Robaxin, and trying Zanaflex 4 mg twice a day. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of, Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325mg #180 with 1 refill is not medically necessary. The injured worker had pain, rated 5/10 to 6/10 without medications and 4/10 to 5/10 with the use of Norco and the Duragesic patch. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. There is no documentation of failure of first line treatments. There is a lack of evidence of pain or functional improvement. There is no documentation of assessment of side effects. There is no documentation of assessment of aberrant drug taking behaviors. Additionally, the frequency intended for use was not included, to determine medical necessity. Given the previous, the continued use of Norco is not supported at this time. Therefore, the request for Norco is not medically necessary.

**Zanaflex 4mg #60 with 1 refill:** 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 Page(s): 63-66..

**Decision rationale:** The request for Zanaflex 4mg #60 with 1 refill is not medically necessary. The injured worker had neck pain with tenderness and decreased range of motion. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is FDA approved for the management of spasticity with unlabeled use for low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time; prolonged use of these medications may lead to dependence. There is no documentation of failure of first line medications. There is no indication of spasticity or tension. The requesting physician's rationale is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the previous, the use of Zanaflex is not indicated at this time. Therefore, the request for Zanaflex is not medically necessary.

**Duragesics patches 25mcq #10:** 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), page(s) 44, Fentanyl, page(s) 47, and Opioids, criter.

**Decision rationale:** The request for Duragesics patches 25mcq #10 is not medically necessary. The injured worker had neck pain, rated 5/10 to 6/10 without medications and 4/10 to 5/10 with the use of Duragesic and Norco. The California MTUS Guidelines do not recommend Duragesic as first line therapy. 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 potency 80 times that of morphine. The guidelines recommend extended release opioids for treatment of continuous pain, after reasonable alternatives to treatment have been tried. Prior to initiation, it is recommended the patient set goals with the continued use of opioids being contingent upon meeting these goals; baseline functional measures should be made including social, psychological, physical, and daily/work activities using a validated scale. A urine drug screening for the use of illegal drugs should be performed. There is no indication of treatment goals, baseline measurements, or a urine drug screening having been obtained. There is insufficient evidence of failure of first line medications or physical therapy. There is no documentation of assessment of side effects. There is no documentation of assessment of aberrant behaviors. The injured worker had been prescribed Duragesic patches since as early as 04/09/2014. There is a lack of evidence of the efficacy of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the previous, the continued use of the Duragesic patch is not supported at this time. Therefore, the request for Duragesics Patches is not medically necessary.