

Case Number:	CM14-0031583		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2011
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 46-year-old male with a reported injury on 05/27/2011. The mechanism of injury was not provided within clinical notes. The clinical note dated 03/10/2014 reported that the injured worker had no new complaints. The physical examination was not provided within clinical notes. The injured worker's prescribed medication list included Motrin 800 mg and a TENS unit. The injured worker's diagnoses included low back pain and status post laminectomy on 08/17/2011. It was reported that the injured worker is not using Butrans and the Motrin has been controlling the injured worker's pain. The provider requested Butrans patches and tizanidine 4 mg; the rationale for the request was not provided within clinical note. The request for authorization form was submitted on 03/12/2014. The injured worker's prior treatments include utilizing the TENS unit and a daily exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patches 5mcg QTY:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

Decision rationale: The request for Butrans patches 5 mcg quantity: 3 is not medically necessary. The injured worker is reported to have better pain control using Motrin. The treating physician's rationale for Butrans patches was not provided within clinical notes. The California MTUS Guidelines recommend buprenorphine 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. It is reported that the injured worker is not using Butrans patch. The request for the Butrans patch rationale was not provided within clinical note. Per the Guidelines buprenorphine is for treating opiate addiction or utilized for chronic pain post detoxification of opiate addiction. There is a lack of clinical information indicating that the injured worker has an opiate addiction. Furthermore, the requesting provider did not specify the utilization frequency or the application location of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; thus, the request is not medically necessary.

Retrospective Tizanidine 4mg QTY:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The retrospective request for tizanidine 4 mg quantity: 120 is not medically necessary. It is reported that the injured worker's pain is under control using Motrin. The requesting provider's rationale for tizanidine was not provided within clinical notes. The California MTUS Guidelines recognize tizanidine as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. It is reported that the injured worker's current medications include Motrin and TENS unit. The injured worker's pain is controlled with his current prescribed medication. There is a lack of clinical information indicating the rationale for the tizanidine request. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request is not medically necessary.