

Case Number:	CM14-0075981		
Date Assigned:	07/16/2014	Date of Injury:	09/23/2003
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54-year-old employee with date of injury of 9/23/2003. Medical records indicate the patient is undergoing treatment for spinal stenosis of the lumbar region; radiculopathy, thoracic or lumbosacral; chronic pain due to trauma and occipital neuralgia. Subjective complaints include shooting pain and numbness in legs, 8/10 without medication, 6/10 with medication. Objective findings include cervical and lumbar findings related to muscle and joint tenderness with reduced range of motion, along with a positive Patrick's test on the left. The right straight leg raiser test caused back pain, reduced right side reflexes, and decreased light touch in L3, L4 and L5. Treatment has consisted of Duragesic, tizanidine, ibuprofen and omeprazole. The utilization review determination was rendered on 5/8/2014 recommending non-certification of Duragesic 12 mcg/hr #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12 mcg/hr #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Opioids; Duragesic and Fentanyl Page(s): 44, 47, 74-96.

Decision rationale: MTUS states [Duragesic] not recommended 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. MTUS states concerning fentanyl, "Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl." MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Duragesic 12 mcg/hr #30 is not medically necessary.

Tizanidine HCL 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications (for chronic pain) Page(s): 41-42, 60-61, 66. Decision based on Non-MTUS Citation UpToDate, Muscle Relaxants.

Decision rationale: Tizanidine is utilized as an Antispasticity drug. MTUS states Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga,2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: somnolences, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. (See, 2008) See Benzodiazepines. Additionally, Up to Date does not recommend the use of muscle relaxants for longer than 2 to 3 weeks due to the risk of developing dependence and tolerance. The medical documentation provided does not establish the need for long term/chronic usage of Tizanidine. As such, the request for Tizanidine HCL 2mg #60 is not medically necessary.

