

Case Number:	CM14-0209852		
Date Assigned:	12/22/2014	Date of Injury:	02/14/2000
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 61 year old male with an injury date on 02/14/2000. Based on the 11/24/2014 progress report provided by the treating physician, the diagnoses are:1. Pain in joint involving shoulder region; left shoulder2. Post laminectomy lumbar L4-5 discectomy and fusion3. Lumbar or Thoracic radiculopathy right leg in an L5 distribution.According to this report, the patient complains of lower back pain that "is primary in the axial lower back in level above his fusion." Pain is rates as an 8/10 on VAS and is described as "bilateral sharp and constant, worsened by standing, sitting and walking and better with medication, ice and stretching." The patient also complains of right leg pain with "shooting sensations." Physical exam reveals tenderness to palpation at the right L3 and L4 spinal levels. Pain is noted on the right side with resisted range of motion in extension and rotation. The treatment plan is to request for medications and follow up in 1 month. The patient's work status was not mentioned in this report.The 10/29/2014 report indicates patient's low back pain is at a 6/10 on VAS and the right leg pain with the shooting sensation is better since started Gabapetin.There were no other significant findings noted on this report. The utilization review denied the request for (1) Tizanidine #60, (2)Duragesic patch #15, and, (3) Requip #60 on 12/05/2014based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/29/2014 to 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tizanidine 4mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 11/24/2014 report, this patient presents with constant sharp low back and right leg pain with shooting sensation. The current request is for one prescription of Tizanidine 4mg #60 to "controls back and leg spasm." Tizanidine a muscle relaxant and was first noted in the 05/29/2014 report. In reviewing the provided reports the treating physician states "Pain well controlled with medicine regimen." The MTUS guidelines page 66, "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." In this case, the patient presents with chronic low back pain and has had surgery. MTUS supports the use of Tizanidine and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

1 prescription of Duragesic Patch 50mcg/hr, #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DuragesicMedications for chronic pain Page(s): 44; 60-61.

Decision rationale: According to the 11/24/2014 report, this patient presents with constant sharp low back and right leg pain with shooting sensation. The current request is for one prescription of Duragesic patch 50mcg / hr, #15 and this patch was first mentioned in the 05/29/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines page 44 states Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician indicates that the 4A's was last reviewed on 11/24/2004; Analgesia with a 20 min onset, 75% relief and 3-4 hr duration; ADL (activities of daily living): can do some cooking; Adverse effect and Aberrant behaviors: none; CURES: patient activity report was reviewed and last UDS was ordered 10/01/2014 and was positively appropriate. In this case, the treating physician's report shows

proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request is medically necessary.

1 prescription of Requip 0.25mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, for restless leg syndrome.

Decision rationale: According to the 11/24/2014 report, this patient presents with constant sharp low back and right leg pain with shooting sensation. The current request is for one prescription of Requip .25mg #60 "for restless leg syndrome." This medication was first noted in the 05/29/2014 report. The Utilization Review denial letter States "the provided documentation failed to provide any evidence of failed first-line treatments for RLS (restless leg syndrome), a diagnoses of RLS, or any recent symptoms of RLS."The MTUS and ACOEM Guidelines do not address Requip; however, ODG Guidelines states that Requip is "not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment." Requip is a medication used to treat patient with restless leg syndrome. ODG further states there are four essential criteria to diagnosis a patient with restless leg syndrome: (1) an urge to move the legs ;(2) the urge to move and/or unpleasant sensations that become worse during periods of rest or inactivity ;(3) partial relief of symptoms with movement; and (4) worsened sensations at night."In reviewing the provided reports, the treating physician does not document that the 4 essential criteria as required by the ODG guidelines to diagnosis the patient with restless leg syndrome to warranted the use of Requip. Therefore, the request is not medically necessary.