

Case Number:	CM15-0006525		
Date Assigned:	01/26/2015	Date of Injury:	11/19/2009
Decision Date:	03/12/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 member has a reported DOI of 11/19/09. Details of the nature of the injury are not available. Any prior interventions to include medications, PT, Chiro or pain management are not available. The duration of care with this provider are not mentioned. The member reports problems with headache not relieved with the use of Norco 5mg. The examination revealed TTP in the posterior cervical musculature along with a reduced rotational ROM of the neck and TTP over the proximal R Foot as well as the Tibial-Ankle joint space. Pain is rated at 9/10 without medications and 7/10 with them. The reduction in pain is reported to allow the member to perform ADLs, Housework and drive. The patient reports that the Zanaflex has been helpful. As reported the Butrans was to be an addition to the Norco being used for breakthrough, along with the addition of Cymbalta. The Zanaflex was to continue as a maintenance medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg #4 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 77-97.

Decision rationale: Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use particularly for break through pain after there has been evidence of failure of first-line medication options when there is evidence of moderate to severe pain. They would be used in conjunction with first line treatment options rather than as a replacement. Continuation of the use of opioids would be best assessed on the basis of a return to work and evidence for improved functioning and reduced pain. Of note this patient is reported to not be working. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Butrans is designed for transdermal release designed to produce steady state availability in an attempt to avoid the potential highs and lows of intermittent administration. It is recommended to be replaced on a 7 day cycle. It is an attempt to ameliorate the known risks of dependency and abuse. However this member was not reported to be taking either Acetaminophen or an NSAID and therefore the Norco was not being used as recommended above. There was no documented evidence for a significant and sustained reduction in pain or improvement in function related to the use of opioids. Certainly antidepressants are considered to be first line agents in the management of chronic neuropathic pain. While TCAs have been the best studied Cymbalta as requested for this patient has been shown to be effective and would be a step in the right direction in management of this patient's pain. In the face of evidence for limited utility for improved function, recommendations for short term use of opioids and the ongoing risk for rebound pain and dependence, the continued use of Norco with the addition of a potent sustained release transdermal opioid cannot be supported. The UR modification is supported.

Zanaflez 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 63-64;66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 62, 66.

Decision rationale: Non-sedating muscle relaxants can be recommended with caution as second line options for short term treatment of acute exacerbations in patients with chronic musculoskeletal pain. In most cases they show no additional benefit beyond NSAIDs in pain relief and overall improvement and no additional benefit in combination with NSAIDs. Tizanidine has shown evidence for efficacy with myofascial pain syndrome and possibly fibromyalgia. It has been associated with somnolence, dizziness, weakness, and hepatotoxicity. The physical examination reported does not articulate evidence for muscle spasm or breakthrough muscle spasm but pain is elicited on palpation of the cervical muscles suggesting a myofascial pain syndrome in the absence of MRI or EMG results to the contrary. However there

is no mention of any functional improvement. Based on the short-term indications for use of this class of agent and failure to show evidence for improved function continued use of Zanaflex in a maintenance role with chronic cervicalgia cannot be supported. The UR modification of the request is supported.