

Case Number:	CM15-0007264		
Date Assigned:	01/21/2015	Date of Injury:	05/06/2011
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
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: Texas, California
 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:

This is a 56 year old female patient, who sustained an industrial injury on 5/8/2011. The diagnoses include right L5-S1 radiculopathy and hip bursitis. Per the doctor's note dated 1/13/2015, she had complaints of tight soreness in the low back with intermittent burning pain in the right buttock extending to the posterior thigh; intermittent burning, tingling and numbness in the right ankle and foot. The physical examination revealed tenderness and limited range of motion of the lumbar spine, tenderness over bilateral greater trochanter and decreased light touch sensation in the right lateral dorsal foot. The medications list includes butrans patches, tizanidine, duexis, lyrica, hydrocodone and valium. Butrans patches were prescribed to help with discontinuation of narcotics- hydrocodone. She has had lumbar spine Magnetic Resonance Imaging (MRI) dated 11/26/13 which revealed degenerative spondylolisthesis at L4-5, associated with subarticular stenosis; degenerative spondylolisthesis, L5-S1, with severe stenosis and no clear neurologic deficit on examination; lumbar spine Magnetic Resonance Imaging (MRI) dated 7/15/14 which revealed disc degeneration at L4-5 and L5-S1, with Grade 1 anterolisthesis at both levels; significant disc degeneration with endplate irregularity is present at L5-S1; rest of the lumbar discs are well-hydrated and normal I appearance; no pars defect is seen on the sagittal images; moderate bilateral L5 foraminal stenosis is visualized; on the axial cuts, significant bilateral L4-5 facet arthropathy was seen, without effusion, associated with moderate subarticular stenosis; no significant central stenosis is seen at L4-5; L5-S1 severe stenosis is seen due to a combination of broad-based disc bulge and bilateral facet arthropathy; the rest of the lumbar segments are unremarkable; EMG/NCS dated 2/18/2014 which revealed chronic L5-S1

radiculopathy. She has had lumbar epidural steroid injection on 10/3/2014. She has had aquatic physical therapy sessions and physical therapy visits for this injury. According to the utilization review performed on 12/31/14, the requested Tizanidine 4mg 1 po qhs prn spasm #30 x 1 refill, qty: 60 and Butrans 5mg patch - apply 1 patch topically q 7days, qty: 4 has been non-certified. The CA MTUS Chronic Pain Treatment Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 po qhs prn spasm #30 x 1 refill, qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: Request: Tizanidine 4mg 1 po qhs prn spasm #30 x 1 refill, qty: 60 According to MTUS guidelines "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. 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. May also provide benefit as an adjunct treatment for fibromyalgia." "The patient has chronic low back and right buttock pain with radiation to right leg. Physical examination revealed tenderness and limited range of motion of the lumbar spine. Tizanidine is recommended for chronic myofascial pain. The request for Tizanidine 4mg 1 po qhs prn spasm #30 x 1 refill, qty: 60 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.

Butrans 5mg patch - apply 1 patch topically q 7days, qty: 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Buprenorphine Page(s): 76-80 and page 26-27.

Decision rationale: Request- Butrans 5mg patch - apply 1 patch topically q 7days, qty: 4 Butrans contains Buprenorphine which is a partial opioid agonist. According to CA MTUS guidelines cited below Buprenorphine is recommended for, "Treatment of opiate agonist dependence." Per the doctor's note dated 1/13/2015, butrans patches were prescribed to help with discontinuation of narcotics. The patient is on hydrocodone which is an opioid. Butrans patch is medically appropriate and necessary to help with discontinuation of hydrocodone. The request of Butrans 5mg patch - apply 1 patch topically q 7days, qty: 4 is medically necessary and appropriate for this patient at this time.

