

Case Number:	CM15-0130200		
Date Assigned:	07/16/2015	Date of Injury:	12/19/2008
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 then said 59 year old male sustained an industrial injury on 12/19/2008. According to an initial evaluation report dated 03/16/2015, current medications included Norco three times a day, Zanaflex and Lidoderm patches. Left knee pain was rated 1 on a scale of 1-10. Right knee pain was rated 7 without medications. Use of Flexeril, Lidoderm and Norco 10 mg could decrease pain to 3. The provider noted that the injured worker would continue Norco 10 mg three times a day with Tizanidine 4 mg. He was to begin Butrans 10 mcg patches in hopes of tapering off the Norco. According to the provider, Butrans and Hydrocodone were going to be adjusted with the goal of tapering off the Norco and substituting with Butrans. A urine drug screen was performed and positive for hydrocodone and hydromorphone. According to a progress report dated 05/18/2015, the injured worker was seen for follow up for neck, left shoulder and bilateral knee pain. He had undergone a left total knee replacement. The right knee was currently buckling more often, causing him to fall and land on his left hand and shoulder. He also reported difficulty with right knee and ankle strength when his was driving and getting in and out of his truck. He was experiencing difficulty pushing the break and gas peddles with the right lower extremity. Physical examination of the cervical spine demonstrated positive left Spurling's sign, moderate tenderness over the left C2-C3, C3-C4, C5-C6 and C6-C7 levels. There was a positive left compression sign of the upper extremity. Range of motion was complete in all directions with moderate pain extension, bilateral rotation referring to left side and right lateral flexion referring to left side and slight pain was noted on the left lateral flexion referring to left side. Right knee extension was 5 degrees. Flexion was 90 degrees. Ober's sign was positive. There was tightness

over the right tensor fascia lata and a lot of tenderness over the medial joint line. There was a positive Payr's, Bohler's signs with valgus and medial stress referring to the medial joint line. The Butrans patches 10 mcg did not provide any significant relief. The Norco 10 mg three times a day with Tizanidine helped decrease spasms and helped improve his sleep quality. He had difficulty with right overhead activity due to his shoulder pain. His neck was worse with extension with pain referring to left upper extremity. Diagnoses included right medial meniscal injury, status post left total knee replacement, left rotator cuff syndrome and cervical disc injury with facet arthralgia with left cervical radiculitis. Pain without medications was 10 out of 10 in severity and with medications was 7 out of 10 in severity. This was especially worse by midday, therefore Butrans was being changed to 20 mcg. Norco 10 mg three times a day, Tizanidine 4mg and Lyrical 75 mg was continued. A previous left C5-C6 epidural injection provided no significant relief. Therefore a request was being made for medial branch block to the left C5-C6 and C6-C7 levels to determine if the pain was arising from those joints. On 06/18/2015, the injured worker reported marked flare-up in his neck, right knee and back after falling on June 5. He was on vacation from June 2 to June 16. While walking downstairs his right knee gave way and he fell striking his left eye and greatly flaring up his neck, back and knee. He reported that frequently after standing for greater than five minutes his right leg was completely numb. His medications were not authorized at the pharmacy. He reported that he was extremely dependent on his medications in order for him to work full duty as an iron worker. Currently under review is the request for Butrans 20 mcg x 4, Lyrica 75 mg x 60, Tizanidine 4 mg x 30 and medial branch block to left C5-C6 and C6-C7 spinal diagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mgc x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Butrans (Buprenorphine).

Decision rationale: Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In this case, there is documentation of a 50% reduction of

pain and a 50% improvement of function with his current medication regimen. However, there is no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lyrica 75mg x60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. A "good" response to therapy with this medication is described as a 50% reduction in complaints of neuropathic pain. In this case, this patient has neck, left shoulder, and bilateral knee pain without documentation of neuropathic pain. Lyrica has been used in the past however, there is no documentation that guidelines have been met. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Tizanidine 4mg x 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has no reported muscle spasm on physical exam, or exacerbations of low back pain. In addition, there is no documentation of functional improvement with use of this medication. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Zanaflex, is not medically necessary.

Medial branch block to left C5-C6 and C6-C7 spinal diagnostic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: Medial branch blocks (MBBs) and radiofrequency ablations (RFA) are accepted pain management interventional techniques. However, specific criteria and standards of care apply for performing these procedures. According to the ODG, the criteria for the use of therapeutic MBBs are as follows: 1) no more than one therapeutic intra-articular block is recommended. 2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4) No more than 2 joint levels may be blocked at any one time. In this case, the patient has lumbar radicular syndrome, which does not meet the ODG recommendation for facet joint blocks or to be subsequently followed by facet joint rhizotomy. In addition, no more than 2 joint levels may be blocked at any one time, and there should be evidence of a formal plan of rehabilitation, in addition to facet joint injection therapy. The documentation indicates that the obtained EMG and nerve conduction studies revealed C5-C6 cervical radiculopathy. In addition, previous epidural steroid injections have been proven unsuccessful. Medical necessity for the requested item has not been established. The requested item is not medically necessary.