

Case Number:	CM15-0131534		
Date Assigned:	07/17/2015	Date of Injury:	04/05/2005
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 51 year old female, who sustained an industrial injury on 4/5/05. She reported pain in her neck and mid back after lifting a stack of dishes. The injured worker was diagnosed as having chronic neck pain, history of cervical discectomy and fusion at C5-C6 in 2006 and revision surgery in 2008. Treatment to date has included acupuncture, a 30 day trial of a TENs unit and chiropractic treatments. Physical therapy was order post-operatively, but the injured worker did not go to any sessions. She indicated that physical therapy made pain worse in the past. As of the PR2 dated 6/9/15, the injured worker reports ongoing neck pain. She rates her pain 8/10 with Relafen and would like to try a different muscle relaxer and something stronger for pain. Objective findings include increased tenderness of the cervical paraspinal muscles with active spasms. The treating physician requested to start Butrans patch 5 mcg #4, Zanaflex 4mg #60 and continue Relafen 750mg #60. The 7/7/15 progress note indicates that Relafen and Tizanidine bring her pain down to 7/10 to 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Butrans patch 5mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and Ongoing management and Opioids for chronic pain Page(s): 26-27 and 78-80 and 80-81.

Decision rationale: One prescription for Butrans patch 5mcg #4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that this medication is recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation does not indicate that the patient meets the MTUS criteria for Butrans patch. The 6/9/15 document indicates that the patient is opiate naive therefore the patient does not have a history of opiate addiction or detoxification and this medication is not medically necessary.

One prescription for Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) & Muscle relaxants (for pain) Page(s): 66, 63.

Decision rationale: One prescription for Zanaflex 4mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates there has been minimal change in the patient's VAS scores with the use of Zanaflex. The MTUS states that Zanaflex is FDA approved for spasticity. The documentation does not indicate that the patient has spasticity with evidence of increased tone or an Ashworth Scale demonstrating increased tone. The MTUS does not support long term muscle relaxants for chronic low back pain and the documentation does not reveal significant efficacy of Zanaflex therefore this is not medically necessary.

One prescription for Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nebumetone (Relafen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-NSAIDs, hypertension and renal function.

Decision rationale: One prescription for Relafen 750mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state

that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The ODG states that blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit the request for Relafen is not medically necessary as the documentation does not indicate significant evidence of functional improvement or significant pain relief on prior Relafen to support continued use. There is no documentation of blood pressure measurements on the recent progress notes as recommended per the guidelines. The request for Relafen is not medically necessary.