

Case Number:	CM15-0134929		
Date Assigned:	07/23/2015	Date of Injury:	06/17/2011
Decision Date:	08/19/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: California
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 6/17/11. He reported pain in his lower back and left knee related to repetitive duties. The injured worker was diagnosed as having cervical radiculitis, status post cervical fusion, lumbar radiculitis and left knee pain. Treatment to date has included physical therapy, a TENs unit and several MRIs. Current medications include Gabapentin, Norco, Senna, Tizanidine and Butrans patches since at least 2/2/15. On 3/30/15 the injured worker rated his pain a 7-9/10 with medications and an 8-9/10 without medications. As of the PR2 dated 6/8/15, the injured worker reports pain in his neck that radiates to the bilateral upper extremities and lower back pain. He rates his pain a 7/10 with medications and a 10/10 without medications. Objective findings include increased pain with cervical flexion and decreased range of motion. The treating physician requested Tizanidine 4mg #60 and Butrans 5mcg patch #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Tizanidine 4 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in his neck that radiates to the bilateral upper extremities and lower back pain. He rates his pain a 7/10 with medications and a 10/10 without medications. Objective findings include increased pain with cervical flexion and decreased range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4 mg #60 is not medically necessary.

Butrans 5 mcg patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 27-28, Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans 5 mcg patch #4 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it 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 injured worker has pain in his neck that radiates to the bilateral upper extremities and lower back pain. He rates his pain a 7/10 with medications and a 10/10 without medications. Objective findings include increased pain with cervical flexion and decreased range of motion. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 5 mcg patch #4 is not medically necessary.