

Case Number:	CM15-0135651		
Date Assigned:	08/10/2015	Date of Injury:	06/18/1998
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 06-18-1998. Current diagnoses include failed back syndrome-lumbar, post laminectomy syndrome, lumbar degenerative disc disease, chronic low back pain, left foot drop, neck pain, cervical radiculopathy, neuropathic pain syndrome, myofascial pain syndrome, and depression due to chronic pain. Previous treatments included medications, surgical intervention, acupuncture, and trigger point injections. Report dated 06-10-2015 noted that the injured worker presented with complaints that included constant neck pain and low back pain that radiates into the legs and arms at times. Pain level was 6 out of 10 on a visual analog scale (VAS). Physical examination was positive decreased range of motion in the cervical spine, positive Spurling, cervical distraction, and cervical axial compression tests, decreased sensation in the C6 dermatome, tenderness over the cervical paraspinal musculature, decreased range of motion in the thoracolumbar spine, positive straight leg raise on the left, decreased motor strength in left lower extremities, decreased reflex in the left, decreased sensation in the left L4-L5 dermatomes, and the injured worker ambulates with a limp and has left foot drop. Palpatory examination revealed trigger point tenderness in the thoracolumbar spine and muscle wasting noted in the left lower extremity. Current prescribed medications include Butrans patch, Norco, Zanaflex, and Neurontin. The treatment plan included request to increase Butrans patch, request for Norco for break through pain, Zanaflex for muscle spasms, decreased Neurontin dose, pharmacology assessment and management discussed, advised not to cut Butrans patch in half, continue

working, and follow up in one month for medication check. Disputed treatments include Butrans patch, Zanaflex, Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 20mcg/hr #1 week (# not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The records indicate the patient has neck and back pain with radiation into the upper and lower extremities. The current request is for Butrans patch 20mcg/hr #1 patch q wk. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the medical records made available for review do not establish medical necessity for the continued use of Butrans patches.

Zanaflex 6mg (# not specified): Overturned

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

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

Decision rationale: The records indicate the patient has neck and back pain with radiation into the upper and lower extremities. The current request is for Zanaflex 6mg. The attending physician requests continuation of Zanaflex 6mg 1-tablet po q.8hr p.r.n. for muscle spasms. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. 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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient has been utilizing Tizanidine since at least 7/25/14. Progress reports note that the patient has trigger points in the paralumbar musculature. The progress reports also indicate he is receiving benefit from the medications, and he has neuropathic and inflammatory pain. Given the patient's continued pain and documentation of medication efficacy, the requested Zanaflex appears to be medically necessary.

Neurontin 300mg (# not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The records indicate the patient has neck and back pain with radiation into the upper and lower extremities. The current request is for Neurontin 300mg. The MTUS guidelines for the usage of Neurontin state that it is indicated for the treatment of neuropathic pain. MTUS page 60 states that the physician should record pain and improvements in function while taking the prescribed medication. In this case, there is evidence that the patient has radiculopathy, including motor deficits in the tibialis anterior and extensor hallucis longus, decreased sensation in a dermatomal distribution at L4-5 on the left and diminished patellar reflexes on the left. The clinical findings are consistent with subjective complaints. However, because no quantity has been specified, the request does not establish medical necessity.