

Case Number:	CM15-0161164		
Date Assigned:	09/21/2015	Date of Injury:	02/17/2000
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 02-17-2000. She has reported injury to the neck and low back. The injured worker has been treated for cervicalgia; postlaminectomy syndrome of cervical region; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; and postlaminectomy syndrome of lumbar region. Treatment to date has included medications, diagnostics, home exercise program, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, Zanaflex, Duragesic Patch, Fentanyl Patch, Lunesta, and Ativan. Surgical intervention has included L4-5 discectomy and bone graft; and cervical neck surgery times two. A progress report from the treating provider, dated 07-08-2015, documented an evaluation with the injured worker. The injured worker reported pain in the left arm, left leg, neck, left shoulder, bilateral buttocks, left hip, left hand, bilateral knees, bilateral low back, bilateral ankles-feet, and groin; there is a change in pain control since the last visit; the frequency of pain and spasticity is worsening; the quality of pain and spasticity is sharp, aching, shooting, stabbing, and electrical; the pain is made worse by lifting, sitting, bending, stress, standing, and twisting; the pain is made better by sleep, rest, medication, and changing position; in the past month with medications, the least pain is rated as 5 out of 10 in intensity; the average pain is rated at 5 out of 10 in intensity; the worst pain is rated at 6 out of 10 in intensity; in the last month without medications, the least pain is rated 7 out of 10; the average pain is 8 out of 10; and the worst pain is 8 out of 10 in intensity. Objective findings included she is able to sit through the evaluation; displays normal pain

behaviors; ambulates with an antalgic steady gait; left straight leg raise is positive for sciatic neuralgia; and left leg radicular symptoms are positive in the L5-S1 distribution. The treatment plan has included the request for Zanaflex 6mg (Tizanidine HCl) #90; Duragesic 25mcg per hour (Fentanyl) #10; and Fentanyl 50mcg per hour #10. The original utilization review, dated 08-06-2015, non-certified a request for Zanaflex 6mg (Tizanidine HCl) #90 with weaning recommended, approve x1 for wean; Duragesic 25mcg per hour (Fentanyl) #10 with weaning recommended, approve x1 for wean; and Fentanyl 50mcg per hour #10 with weaning recommended, approve x1 for wean.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg (Tizanidine HCL) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. The patient has not experienced resolution of symptoms or substantial functional improvement with this medication and it is not indicated for long-term use. With no objective evidence of pain and functional improvement on the medication previously, the request cannot be considered medically necessary.

Duragesic 25mcg/hr (Fentanyl) #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should

be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for duragesic is not considered medically necessary.

Fentanyl 50mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for duragesic is not considered medically necessary.