

<b>Case Number:</b>	CM15-0168728		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/27/2005
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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 May 27, 2002. Diagnoses include lumbar radiculopathy, and intractable pain. Documented treatment includes anterior decompression and fusion L4-5 and L5-S1 with exploration of fusion at L5-S1, August 8, 2014; an unspecified number of physical therapy treatments; epidural steroid injections with "limited" results; lumbar facet blocks; and, "multiple medications" including Vicodin, Norco, Motrin, Fentanyl patch which was weaned, and Zanaflex for muscle spasms. The injured worker continues to report constant low back pain radiating down both lower extremities, and pain in his right groin. The physician notes that he is "in obvious distress" with "significantly restricted painful movement of the lumbar spine." He has "gait disturbance." The June 25, 2015 physician report states that the injured worker reports limitations in sitting or standing and "significant" difficulty performing personal care and activities of daily living without medication. The July 23, 2015 report states that in spite of medications, pain has remained at 5-7 out of 10. The treating physician's plan of care includes four Butrans 20 mcg-hour patches which were denied August 13, 2015. Additionally, he requested 90 count Ibuprofen 800 mg. with three refills which was denied; and, Zanaflex 4 mg, 120 count with three refills was modified to one month for weaning. Physician report states that a pain contract has been signed. Current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans 20mcg/hr #4 patches:** 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): Buprenorphine.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic 2002 injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 20mcg/hr #4 patches is not medically necessary or appropriate.

**Ibuprofen 800mg #90 with three refills:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in

pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Ibuprofen 800mg #90 with three refills is not medically necessary or appropriate.

**Zanaflex 4mg #120 with three refills:** 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:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2002 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4mg #120 with three refills is not medically necessary or appropriate.