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| <b>Case Number:</b>   | CM15-0199708 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 05/12/2009 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 10/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/12/2015 |

### 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: New York, West Virginia, Pennsylvania  
 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 54-year-old male, with a reported date of injury of 05-12-2009. The diagnoses include rule out facet syndrome above previous back surgery, low back pain, sacroiliitis, piriformis compressive sciatica, trochanteric bursitis, iliotibial band syndrome, and status post lumbar fusion. Treatments and evaluation to date have included bilateral lumbar medial branch blocks at L2-3, L3-4, and L4-5 on 08-03-2015; right lumbar radiofrequency ablation of medial branch nerves at L2-3, and L3-4 on 09-21-2015; psychological treatment; Fentanyl patches (since at least 04-2015); Norco (since at least 04-2015); Tizanidine (since at least 04-2015); and right sacroiliac joint injection on 03-02-2015. The diagnostic studies to date have not been included in the medical records provided. The medical report dated 08-20-2015 indicates that the injured worker returned for follow-up of his low back pain. He stated that the pain in the L2-3 and L3-4 facet joints was 100% gone for about a day after receiving the medial branch blocks; however, the pain began to come back. The injured worker used a cane for balance and support. It was noted that he had weakness in the right lower extremity and pain in the left knee. The treating physician noted that the injured worker used Fentanyl patches for around the clock pain control, Norco for breakthrough pain, and Tizanidine to help with sleep. The injured worker's current pain level was rated 5 out of 10; and his pain level at the last visit (07-23-2015) was rated 7 out of 10. The rest of the report dated 08-20-2015 was missing. The objective findings (07-23-2015) include mild tenderness of the bilateral lumbosacral musculature; mild to moderate pain with extension, rotation, and flexion; moderate tenderness over the right sacroiliac joint, piriformis muscle, and greater trochanter; positive distraction test;

and negative straight leg raise test. The treating physician requested Fentanyl 50mcg per hour patch #10, Tizanidine 4mg #30, and Hydrocodone-Acetaminophen 10-325mg #90. On 10-02-2015, Utilization Review (UR) non-certified the request for Fentanyl 50mcg per hour patch #10, Tizanidine 4mg #30, and Hydrocodone-Acetaminophen 10-325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fentanyl 50mcg/hr patch apply 1 patch Q 3 days #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Fentanyl Patch 50 mcg #10 is not medically necessary.

#### **Tizanidine 4mg tablet take 1 by mouth at bedtime PRN #30: 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 recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. Furthermore, there is no documentation of improvement in quality of life or improved functional outcomes while on these medications. Long term use of muscle relaxants are not supported by guidelines. The request for Tizanidine 4 mg #30 is not medically appropriate and necessary.

#### **Hydrocodone-Acetaminophen 10-325mg #90 take 1 by mouth PRN Q4-6 hours: 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, criteria for use.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for hydrocodone /acetaminophen 10/325 mg #90 is not medically necessary.