

<b>Case Number:</b>	CM14-0127951		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old female with a work injury dated 9/17/10. The diagnoses include bilateral cervical facet joint pain; cervical facet joint arthropathy; anterior cervical discectomy and fusion at C5-6; right shoulder rotator cuff tear; right shoulder internal derangement; right shoulder impingement; right shoulder pain; and bilateral wrist pain. Under consideration is a request for Duragesic Patch 50mcg #10 with 0 refills; Oxycodone 10/325mg #180 with 0 refills; and Tizanidine 2mg #90 with 2 refills. There is a primary treating physician medical legal report dated 8/12/14 reveals that the patient has bilateral neck pain> right shoulder pain, and bilateral wrist pain. The patient's Fentanyl Patch, oxycodone, and Tizanidine were denied. The patient's attorney requested a medical legal report to address the denials. The patient reports flu-like symptoms and anxiety since her Fentanyl Patch was decreased. Her 07 /21/2014 UDS results which were noted to be consistent. Her current medications included Voltaren Gel, Nuvigil, Tizanidine 2 mg b.i.d., Gabapentin, Duragesic 25 mcg l patch q, 72 h., loratidine 10 mg 1 tab q.d., zolpidem, , Percocet 10/325 mg q. 4 hour, Clo-rite, Atenolol,Dicyclomine. On exam there tenderness upon palpation of the cervical paraspinal. muscles overlying the bilateral C2-C7 facet joints. Muscle girth is symmetric in the bilateral upper extremity. There is tenderness upon palpation of the right shoulder and the right wrist. Right shoulder range of motion is limited by pain in all directions. Right shoulder impingement sign including Neer's and Hawkins's, are positive. Neck and shoulder Spurling are positive. Cervical range of motion was restricted by pain in all directions. Cervical extension is 10 degrees, flexion was 40 degrees, lateral rotation was 60 degrees bilaterally, and side bending was 15 degrees bilaterally. Cervical extension was worse than cervical flexion. The patient was alert and oriented times three with normal mood and affect. Muscle stretch reflexes are l and symmetric bilaterally in the upper extremities. Clonus

and Hoffmann's signs are absent bilaterally. The remainder of the visit is unchanged from the previous visit. The recommendation state this is an appeal for the denial of the patient's Fentanyl Patch 25 mcg q. 3 days #10 (DOS 07 /21/2014). This is medically necessary to treat the patient's industrial pain. The Fentanyl Patch meets the MTUS and ODG guidelines as it provides 50% decrease of the patient's around the- clock pain with 50% improvement of the patient's activities of daily living such as self-care and dressing. This medication decreases the patient's visual analog scale from 7-8/10 to 3-4/10. The patient's Oswestry Disability Index score is a 28 (56% disability) with the use of Fentanyl Patch, while the patient's Oswestry Disability Index score is 36 (72% disability) without the use of the Fentanyl Patch. This demonstrates objective functional improvement. The patient did not receive an increase in pain medication after surgery. The patient's Fentanyl Patch was decreased to 25 mcg from 50 mcg. The patient was not given a prescription for Fentanyl Patch 50 mcg. The patient is on an up-to-date pain contract. The patient has no adverse effects on the patient. The patient has no aberrant behavior with this medication. There is an appeal for oxycodone 10/325 mg q. 4 h, #180 (DOS 07 /21/2014). This is medically necessary to treat the patient's industrial pain. The oxycodone meets the MTUS and ODG guidelines as it provides 40% decrease of the patient's breakthrough pain with 40% improvement of the patient's activities of daily living such as self-care end dressing, This medication decreases the patient's visual analog scale from 7-8-10 to 4/ 10. The patient's Oswestry Disability Index score is a 28 with the use of oxycodone, while the patient's Oswestry Disability Index score is without the use of the oxycodone. This demonstrates objective functional improvement. The patient did not receive an increase in pain medications after surgery; in fact her Fentanyl Patch dose was decreased by 50%. There is an appeal for Tizanidine states that it provides 50% decrease of the patient's spasms with 50% improvement of the patient's activities of daily living. The patient suffers from daily painful spasms> which decrease the patient's ability to stay asleep. This medication allows the patient to sleep 4 hours uninterrupted. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication.

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

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

**Duragesic Patch 50mcg #10 with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use: On-Going Management, Recommended frequ.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl-p.47; Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

**Decision rationale:** Duragesic Patch 50mcg #10 with 0 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that that dosing of opioids is not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient's medications exceed the 120 mg of morphine equivalent dosing. Furthermore, the documentation indicates long term use of opioids without specific significant functional improvement as defined by the MTUS. The MTUS guidelines do not recommend continuing opioids without improvement in function. For these reasons the request for Duragesic Patch 50mcg #10 with 0 refills is not

medically necessary.

**Oxycodone 10/325mg #180 with 0 refills:** Upheld **Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use: On-Going Management, Recommended frequ.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioids, criteria for use Page(s): 47; 76-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

**Decision rationale:** Oxycodone 10/325mg #180 with 0 refills is not medically necessary per the MTUS Guidelines. The guidelines state that that dosing of opioids is not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation indicates that the patient's medications exceed the 120 mg of morphine equivalent dosing. Furthermore, the documentation indicates long term use of opioids without specific significant functional improvement as defined by the MTUS. The MTUS guidelines do not recommend continuing opioids without improvement in function. For these reasons the request for Oxycodone 10/325mg #180 is not medically necessary.

**Tizanidine 2mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Muscle Relaxants (for pain) Antispasticity/Antispas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) ;Tizanidine (Zanaflex, generic available) Page(s): 63; 65.

**Decision rationale:** Tizanidine 2mg #90 with 2 refills is not medically necessary per MTUS guidelines. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. 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. the documentation indicates that the patient has been on Tizanidine dating back to at least Sept. 2013. There is no evidence of significant change in function. The guidelines do not recommend long term Tizanidine. There is no evidence of spasticity. The request for Tizanidine 2mg #90 with 2 refills is not medically necessary.