

Case Number:	CM15-0014862		
Date Assigned:	02/02/2015	Date of Injury:	02/07/2008
Decision Date:	05/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas, New York, California
 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 applicant is a represented 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2008. In a Utilization Review report dated January 13, 2015, the claims administrator partially approved a request for Zanaflex and Suboxone, apparently for weaning or tapering purposes. The claims administrator represents a January 5, 2015 progress note in its determination. On January 6, 2015, Zanaflex, Relafen, Suboxone, and Neurontin were prescribed for diagnoses of chronic low back pain and myofascial pain syndrome. It was stated that the applicant had lived out of state until recently. It was stated that the applicant had retired. The applicant had a 20-pack-year history of smoking, it was acknowledged. 9/10 without medications versus 5 to 6/10 with medications was reported. The attending provider stated that he was simply continuing the prescription regimen furnished by the applicant's previous prescriber. The applicant reported that his mood, sleep, concentration, and overall day-to-day levels of function were significantly impacted secondary to his chronic pain constraints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine- Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: No, the request for Zanaflex (tizanidine) was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was no longer working, at age 56, as reported on January 5, 2015. While the attending provider did recount some reduction in some pain scores from 9/10 without medications versus 5 to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider commented to the effect that the applicant's mood, sleep, concentration, and overall levels of function were significantly impacted secondary to chronic pain. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.

Suboxone 2mg SL #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone) Page(s): 27.

Decision rationale: Similarly, the request for Suboxone (bupropion) was not medically necessary, medically appropriate, or indicated here. While page 27 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Suboxone is indicated in the treatment of opioid agonist dependence, in this case, however, there was no mention of the applicant employing Suboxone for the purposes of issues with opioid agonist dependence or opioid addiction. The attending provider on January 5, 2015 progress note made no mention of why Suboxone was continued. It was not stated whether Suboxone was being employed for opioid dependence purposes, opioid addiction purposes, or chronic pain purposes. The MTUS Guidelines in ACOEM Chapter 3, page 47 further stipulates that an attending provider should discuss the efficacy of medication for the particular condition, which it is being employed in order to manage expectations and to ensure proper use. Here, however, no such discussion transpired. Therefore, the request was not medically necessary.

