

Case Number:	CM15-0128956		
Date Assigned:	07/15/2015	Date of Injury:	06/27/2003
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 71-year-old male who sustained an industrial injury on 06/27/2003. Diagnoses include sprain sacroiliac region; lumbosacral spondylosis without myelopathy; myositis; depression; chronic pain due to injury; myalgia; radiculitis; low back pain; and lumbar post-laminectomy syndrome. Treatment to date has included medication, multiple spine surgeries, spinal cord stimulator (SCS) implant, physical and aqua therapy and acupuncture. Progress notes dated 1/30/15 stated the IW received 100% pain relief from trigger point injections for his gluteal and hip pain and 40% relief from the SCS for his right cluneal nerve pain. The discussion and treatment plan noted in the progress notes dated 4/27/15 indicated the IW had been without his morphine for a week and his pain had increased. The morphine was not authorized by the insurance. The decision was made to replace the morphine with Suboxone to treat the IW's chronic pain and the withdrawal symptoms he was likely to encounter. According to the progress notes dated 5/26/15, the IW reported continued severe back pain that was becoming worse; the pain radiated into the right calf, right foot, right thigh and right knee. He described the pain as aching, sharp and shooting and was aggravated by ascending or descending stairs, bending, daily activities, lifting and rest. Ice relieved his pain. He rated his pain 9/10 without medication, 6/10 with medications and 7/10 on average in the last month, which is the level he used to describe how much his pain had interfered with his daily activities. On examination, his gait was antalgic with walker use. There was tenderness in the lumbar spine and range of motion was painful. A request was made for Tizanidine HCl 4mg, #120 for spasms

and Buprenorphine HCl sublingual 8mg, #120 and Buprenorphine (Suboxone) serum, #1 for treatment of chronic pain and opioid withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 66 and 63.

Decision rationale: Tizanidine HCL 4mg Qty 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend 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. Tizanidine 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 chronic low back pain rather than acute. There is no evidence of functional improvement on prior Tizanidine and the MTUS Guidelines do not support this medication long term therefore the request for Tizanidine is not medically necessary.

Buprenorphine HCL sublingual 8mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine and ongoing management Page(s): 26 and 78-80.

Decision rationale: Buprenorphine HCL sublingual 8mg Qty 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Buprenorphine is recommended for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The MTUS does not support ongoing treatment with improvement in quality of life, function, and pain. The 5/26/15 and June 2015 documentation indicates that the patient with medications struggles but fulfills daily home responsibilities, does no outside activities and is not able to work volunteer. The documentation indicates that without medications the patient can get dressed, perform minimal home activities and contact friends via telephone or email. The documentation does not demonstrate that he has had increased function on Buprenorphine or a significant reduction in pain to improve his quality of life or increase his function therefore this request is not medically necessary.

Buprenorphine (Suboxone) serum Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Buprenorphine Page(s): 78-80 and 26.

Decision rationale: Buprenorphine (Suboxone) serum Qty 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Buprenorphine is recommended for treatment of opiate addiction and also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The MTUS does not support ongoing treatment with improvement in quality of life, function, and pain. The 5/26/15 and June 2015 documentation indicates that the patient with medications struggles but fulfills daily home responsibilities, does no outside activities and is not able to work volunteer. The documentation indicates that without medications the patient can get dressed, perform minimal home activities and contact friends via telephone or email. The documentation does not demonstrate that he has had increased function on Buprenorphine or a significant reduction in pain to improve his quality of life or increase his function therefore this request is not medically necessary.