

Case Number:	CM15-0170727		
Date Assigned:	09/11/2015	Date of Injury:	06/17/2011
Decision Date:	12/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/31/2015

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: Family Practice

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 48 year old male who sustained an industrial injury June 17, 2011. According to a pain medicine physician's re-evaluation dated July 6, 2015, the injured worker presented with complaints of neck pain which radiates down the bilateral upper extremities, right greater than left, with intermittent tingling in the bilateral upper extremities and intermittent numbness in the bilateral upper extremities to the level of the hands. He reports low back pain, which radiates down the bilateral lower extremities and constipation. He reported his pain as 7 out of 10 with medication, 10 out of 10 without medication, and unchanged since the last visit. He has limitations due to pain; self-care, ambulation, hand function, sleep, and sex. He uses a TENS (transcutaneous electrical nerve stimulation) unit once a day for 30 minutes for the last two months and has found this helpful. Pain relief from medication lasts for four to five hours. Areas of functional improvement with treatment included; bathing, brushing his teeth, dressing, and mood. The physician documented; "Butrans is helpful, but requiring titration." Physical examination revealed; cervical spine- tenderness C4-7, range of motion limited due to pain, pain increased in flexion, extension and rotation; sensory decreased in the bilateral upper extremities; upper extremities tenderness right wrist; mild to moderate swelling, right hand. Diagnoses are chronic pain, other; disc displacement of the cervical spine; cervical radiculitis, radiculopathy; status post cervical spinal fusion; lumbar radiculitis, radiculopathy; bilateral elbow, hand shoulder pain; left knee pain; status post bilateral carpal tunnel release; constipation secondary to opiates; myofascial pain syndrome. Treatment plan included discussion of medication and continued opioid therapy with the injured worker indicating he understood. At issue, is the

request for authorization for Butrans, Gabapentin, Senokot, and Tizanidine. According to utilization review dated August 7, 2015, the requests for Gabapentin 600mg #15 and Butrans 10mcg-patch #2 were certified. The requests for Butrans 10mcg-patch (1) patch every (7) days #4, Gabapentin 600mg one half tablet twice a day #30, Senokot S 50-8.6mg (2) tabs BID (twice a day) #120 and Tizanidine 4mg BID #60 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg twice a day #60: 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: This patient receives treatment for chronic pain syndrome which relates back to an industrial injury dated 06/17/2011. The patient is treated by a pain management specialist. The patient's symptoms include neck pain that radiates down both upper extremities. There is also some tingling and numbness in the upper extremities. There is low back pain with radiation down both lower extremities. The severity of pain is 10/10 without medication and 7/10 with them. The patient has become opioid dependent and has constipation, which is a side effect of opioids. The patient reports pain reduction with the TENS device. The patient is s/p cervical spinal fusion surgery and bilateral carpal tunnel release. Additional diagnoses include chronic pain syndrome, low back pain, and myofascial pain. On physical exam there is tenderness to palpation on the cervical spine C4 to C7 with reduced neck ROM. There is tenderness on palpation on the R wrist. This review addresses a request for refills of tizanidine. This patient receives treatment for chronic neck and low back pain. Tizanidine is a muscle relaxant, which may be medically indicated for the short-term management of acute muscle spasm, as a second-line agent. Using tizanidine over the long-term (more than 2-3 weeks) is not recommended, as studies have not shown effectiveness and the patient may suffer side effects. These include sedation, drug dependence and tolerance. Tizanidine is not medically necessary.

Gabapentin 600mg 1/2 tab twice a day #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): Antiepilepsy drugs (AEDs).

Decision rationale: This patient receives treatment for chronic pain syndrome which relates back to an industrial injury dated 06/17/2011. The patient is treated by a pain management specialist. The patient's symptoms include neck pain that radiates down both upper extremities. There is also some tingling and numbness in the upper extremities. There is low back pain with radiation down both lower extremities. The severity of pain is 10/10 without

medication and 7/10 with them. The patient has become opioid dependent and has constipation, which is a side effect of opioids. The patient reports pain reduction with the TENS device. The patient is s/p cervical spinal fusion surgery and bilateral carpal tunnel release. Additional diagnoses include chronic pain syndrome, low back pain, and myofascial pain. On physical exam there is tenderness to palpation on the cervical spine C4 to C7 with reduced neck ROM. There is tenderness on palpation on the R wrist. This review addresses a request for refills of gabapentin. Gabapentin is an anti-epileptic drug (AED). AEDs are medically indicated to treat nerve damage, such as painful diabetic neuropathy or post-herpetic neuralgia. Chronic axial back pain is not an indication for AEDs and gabapentin in particular. Gabapentin is not medically necessary, based on the documentation.

Butrans 10mcg/patch 1 patch every 7 days #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Buprenorphine.

Decision rationale: This patient receives treatment for chronic pain syndrome which relates back to an industrial injury dated 06/17/2011. The patient is treated by a pain management specialist. The patient's symptoms include neck pain that radiates down both upper extremities. There is also some tingling and numbness in the upper extremities. There is low back pain with radiation down both lower extremities. The severity of pain is 10/10 without medication and 7/10 with them. The patient has become opioid dependent and has constipation, which is a side effect of opioids. The patient reports pain reduction with the TENS device. The patient is s/p cervical spinal fusion surgery and bilateral carpal tunnel release. Additional diagnoses include chronic pain syndrome, low back pain, and myofascial pain. On physical exam there is tenderness to palpation on the cervical spine C4 to C7 with reduced neck ROM. There is tenderness on palpation on the R wrist. This review addresses a request for refills of Butrans patches. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with is not medically indicated. In addition, Buprenorphine is medically indicated to treat opioid addiction, especially in patient who have gone through a course of treatment for withdrawal from chronic opioids. Based on the documentation, Butrans patches are not medically necessary.

Senokot S 50/8.6mg 2 tabs twice a day #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient receives treatment for chronic pain syndrome which relates back to an industrial injury dated 06/17/2011. The patient is treated by a pain management specialist. The patient's symptoms include neck pain that radiates down both upper extremities. There is also some tingling and numbness in the upper extremities. There is low back pain with radiation down both lower extremities. The severity of pain is 10/10 without medication and 7/10 with them. The patient has become opioid dependent and has constipation, which is a side effect of opioids. The patient reports pain reduction with the TENS device. The patient is s/p cervical spinal fusion surgery and bilateral carpal tunnel release. Additional diagnoses include chronic pain syndrome, low back pain, and myofascial pain. On physical exam there is tenderness to palpation on the cervical spine C4 to C7 with reduced neck ROM. There is tenderness on palpation on the R wrist. This review addresses a request for Senokot 2 tablets twice a day. This patient has chronic pain and constipation, which is a side effect of opioids. Senokot is a medication for constipation. The documentation does support ongoing use while the patient is prescribed opioids; however, since the opioid therapy has not been effective, ongoing use of opioids and Senokot is not medically necessary.