

Case Number:	CM15-0026520		
Date Assigned:	02/18/2015	Date of Injury:	12/20/2010
Decision Date:	04/02/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/11/2015

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 is a 58 year old male, who sustained an industrial injury on 12/20/2010. He reported a slip and fall on wet wax with a back injury. Diagnoses include lumbar post laminectomy syndrome and lumbago. Treatments to date include lumbar surgery 8/22/2013, physical therapy and medication management. A progress note from the treating provider dated 1/27/2015 indicates the injured worker reported low back pain and the patient requested an increase in his medications. His exam of the lumbar spine indicated spasm, tenderness, reduced range of motion. On 2/10/2015, Utilization Review non-certified the request for Zanaflex 4mg #60 and topical Duragesic-Fentanyl 25mcg-1 patch every 72 hours #10, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg QTY:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

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

Decision rationale: Zanaflex 4mg quantity 60 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 (Zanaflex) 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 therefore the request for continued Zanaflex is not medically necessary.

Topical Duragesic-Fentanyl 25mcg; one patch q72h QTY:10.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl & ongoing management Page(s): 47 & 78-80.

Decision rationale: Topical Duragesic-Fentanyl 25mcg; one patch q72h QTY: 10.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The documentation indicates that the patient has been on prior long term opioids without evidence of functional improvement. The MTUS does not support chronic opioid use without evidence of return to work, improved functioning or pain. The documentation does not support the medical necessity of Fentanyl. Therefore this request is not medically necessary.