

<b>Case Number:</b>	CM15-0075346		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/24/1995
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 63-year-old male, who sustained an industrial injury on 02/24/1995. According to a progress report dated 01/15/2015, the injured worker had chronic pain in the upper and mid back, lower back, right wrist, knees, right lower extremity and right foot and ankle. His right ankle pain was worsening. He reported numbness at the ulnar aspect left thumb and radial aspect left index finger since grip strength testing one month prior. Medications reduced his rate pain of 8 on a scale of 1-10 by 50 percent. Functional gains provided by the medications included substantial assistance with his activities of daily living, mobility and restorative sleep. Clonidine patch was assisting with weaning off much higher opiate levels. Diagnoses included crushing injury of ankle, other unspecified back disorders, displacement of lumbar intervertebral disc without myelopathy, pain in joint lower leg, lumbago, encounter for therapeutic drug monitoring, cervicalgia, pain in limb and reflex sympathetic dystrophy of the lower limb. Treatment plan included Lyrica, Clonidine, Fentanyl transdermal patch, Klonopin, Tizanidine and Wellbutrin SR. Currently under review is the request for Fentanyl, Zanaflex and Klonopin. The oldest progress report submitted for review dating back to 09/04/2014 indicates that the injured worker was utilizing Fentanyl, Zanaflex and Klonopin at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 100mg #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 63-year-old male with an injury on 02/24/1995. On 01/15/2015 he had back pain, bilateral knee pain, right wrist pain and right foot/ankle pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, it is not medically necessary.

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

**Decision rationale:** The patient is a 63 year old male with an injury on 02/24/1995. On 01/15/2015 he had back pain, bilateral knee pain, right wrist pain and right foot/ankle pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Klonopin 0.5 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** The patient is a 63-year-old male with an injury on 02/24/1995. On 01/15/2015 he had back pain, bilateral knee pain, right wrist pain and right foot/ankle pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary. Additionally, benzodiazepines are controlled substances with a high addiction risk. MTUS Chronic Pain

guidelines specifically note on page 24 that benzodiazepines are not recommended. Therefore, it is not medically necessary.