

Case Number:	CM15-0095718		
Date Assigned:	05/22/2015	Date of Injury:	08/18/2000
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation

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 49 year old female with an industrial injury dated 08/18/2000. Her diagnoses included low back pain, post laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. Prior treatments included medications and surgery. She presented on 05/04/2015 with complaints of low back pain and left lower extremity pain. She rated the pain as 7/10. The treating physician documents the injured worker is doing well on Kadian, Percocet, Zanaflex and Ambien with a reduction in her pain by 40%. She states the medications improve her function 100%. She had been able to decrease her Percocet and Tizanidine by one pill per day. She was unable to decrease more and maintain her usual level of functioning. Physical exam revealed a decrease in lumbar range of motion secondary to pain. There was tenderness over the left sacroiliac joint. There was diffuse lumbar tenderness. The provider documented DOJ report was consistent with prescribed medications on 02/27/2015. Urine drug screen done on 09/29/2014. The treatment request is for Flector Patch 1.3% # 30 with 6 refills, Kadian 50 mg #60 with 1 refill and Zanaflex 4 mg #120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The patient was injured on 08/18/00 and presents with low back pain. The request is for ZANAFLEX 4 MG #120 WITH 1 REFILL. There is no RFA provided and the patient is not working. The patient has been taking Zanaflex as early as 07/14/14. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." On 07/14/14, the patient rated her pain as a 3/10. On 01/05/15, she rated her pain as a 6/10. On 03/12/15, she rated her pain as an 8/10. Her medications reduce her pain by 40%. Meds allow her to function independently and walk. States that they improve her function 100%. On 05/04/15, she rated her pain as a 7/10. The patient has a decreased lumbar spine range of motion, tenderness along the sacroiliac joint, and diffuse lumbar spine tenderness. She is diagnosed with low back pain, post laminectomy syndrome, lumbar radiculopathy, and chronic pain syndrome. The treater does not specifically discuss efficacy of Zanaflex on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Zanaflex IS NOT medically necessary.

Kadian 50mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 08/18/00 and presents with low back pain. The request is for KADIAN 50 MG #60 WITH 1 REFILL. There is no RFA provided and the patient is not working. The patient has been taking Kadian as early as 07/14/14. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and

duration of pain relief. On 07/14/14, the patient rated her pain as a 3/10. On 01/05/15, she rated her pain as a 6/10. On 03/12/15, she rated her pain as an 8/10. Her medications reduce her pain by 40%. Meds allow her to function independently and walk. States that they improve her function 100%. On 05/04/15, she rated her pain as a 7/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before-and- after medication pain scales. There are no specific examples of ADLs, except walking, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/ side effects. No validated instruments are used either. The patient had a urine drug screen conducted on 09/15/14; however, the results of this UDS are unclear. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Kadian IS NOT medically necessary.

Flector Patch 1.3%, #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The patient was injured on 08/18/00 and presents with low back pain. The request is for FLECTOR PATCH 1.3% #30 WITH 6 REFILLS. There is no RFA provided and the patient is not working. The patient has been using Flector patches as early as 07/14/14. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." On 07/14/14, the patient rated her pain as a 3/10. On 01/05/15, she rated her pain as a 6/10. On 03/12/15, she rated her pain as an 8/10. Her medications reduce her pain by 40%. Meds allow her to function independently and walk. States that they improve her function 100%. On 05/04/15, she rated her pain as a 7/10. The patient has a decreased lumbar spine range of motion, tenderness along the sacroiliac joint, and diffuse lumbar spine tenderness. She is diagnosed with low back pain, post laminectomy syndrome, lumbar radiculopathy, and chronic pain syndrome. In this case, the patient presents with lumbar spine pain, for which Flector patches are not indicated for. MTUS Guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Due to lack of support from the MTUS Guidelines, the requested Flector patch IS NOT medically necessary.