

<b>Case Number:</b>	CM13-0013327		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 66-year-old gentleman who injured his low back 06/01/07. Recent clinical assessment on 08/20/13 indicated continued difficulty with poor sleeping and complaints of low back pain, bilateral hip, and bilateral knee pain. The claimant was documented to be status post bilateral total hip arthroplasty procedures. Review of objective findings showed diminished sensation over the lateral foot, medial foot, and fifth toe with motor examination limited by pain with 5/5 motor strength and lumbar examination with restricted range of motion and equal and symmetrical reflexes. The claimant's treatment plan was to continue with medication management. Prescriptions were prescribed in the form of hydrocodone, oxycodone, Zanaflex, and Lyrica. These medications had been denied by a prior utilization review on 07/25/13 providing the claimant with a weaning period from OxyContin with now a need for Zanaflex. A modified dose of hydrocodone, and certified dose of Lyrica were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg,QTY: #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 Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, the continued use of hydrocodone would not be indicated. Prior clinical documentation indicates that through a previous utilization review, the claimant was given weaning dose parameters for oxycodone with no documentation of formal benefit, significant improvement, or indicative need for continued use of short-acting narcotic analgesics. The weaning period provided at the previous assessment would have sufficed the claimant's appropriate cessation of the agent in question. The continued use of this medication at present would not be supported

**Lyrica 75mg, QTY: #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 Treatment Guidelines Lyrica.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the role of Lyrica would be supported. The claimant has documentation of neuropathic pain. Lyrica is now currently FDA approved for neuropathic pain treatment. The continued role of this agent in the claimant's chronic setting would appear to be medically necessary.

**OxyContin 30mg, 1 three times a day, QTY: #90 to allow the patient one refill of Oxycodone 30mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** The role of OxyContin with a weaning period as scheduled by the physician's discretion would be appropriate. As stated above, the appropriate weaning described in this request would be indicative of an appropriate weaning period given the chronic use of the medications in question. The specific request in this case would appear necessary.

**Zanaflex 4mg, QTY: #60, 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant; Zanaflex.

**Decision rationale:** Based on CA MTUS Chronic Pain Medical Treatment 2009 Guidelines, the continued role of Zanaflex (a muscle relaxant) would not be indicated. The use of muscle

relaxants in the chronic setting are only recommended with caution as a second-line option only for acute exacerbation in the chronic low back pain setting. Absent documentation of an acute exacerbation, there is no current indication for the chronic use of this medication as a control agent or its use in the chronic setting without symptomatic flare. The continued role of Zanaflex would not be supported as necessary.