

<b>Case Number:</b>	CM13-0031327		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/19/1999
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/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 patient reported an injury on 01/19/1999 after being struck in the head. The patient reportedly sustained an injury to the bilateral shoulders, right upper extremity, cervical spinal region and a brain injury. The patient's treatment history included multiple medications, physical therapy, chiropractic care, and epidural steroid injections. The patient's most recent clinical documentation dated 09/03/2013 noted that the patient had continued pain complaints rated at 5/10. Physical findings included limited lumbar range of motion secondary to pain. The patient's diagnoses included carpal tunnel syndrome, shoulder joint pain, facet syndrome, cervical radiculopathy, ulnar neuritis, and lumbosacral radiculopathy. The patient's treatment plan included a medial branch block and continuation of medications to include Kadian, Lidoderm patches, Naproxen, Omeprazole, Tizanidine, Vicodin tablets, Effexor, Ketoprofen cream, Cyclogaba cream, and initiation of Hydrocodone 2.5/325 mg. It is noted within the documentation that the patient's current dose of Vicodin 5/500 mg was causing sedating side effects. Therefore, the patient would be given a lower dose of Hydrocodone and the dosage of Kadian would be reduced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF TIZANIDINE 4MG #90 WITH 2 REFILLS:** 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.

**Decision rationale:** The requested Tizanidine 4 mg #90 with 2 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short durations of treatment for acute exacerbations of pain not to exceed 2 to 3 weeks. The clinical documentation does indicate that the patient has been on this medication since at least 07/2012. This duration of treatment exceeds guideline recommendations. The clinical documentation fails to provide any evidence that the patient is experiencing acute exacerbation of chronic pain. Additionally, there are no exceptional factors noted within the documentation to support exceeding treatment beyond guideline recommendations. As such, the requested prescription of Tizanidine 4 mg #90 with 2 refills is not medically necessary or appropriate.

**1 PRESCRIPTION OF HYDROCODONE 2.5/325MG (NORCO):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**Decision rationale:** The requested 1 prescription of Hydrocodone 2.5/325 mg (Norco) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of opioids in the management of chronic pain. However, there is no recommendation made for 1 opioid treatment over another. The clinical documentation submitted for review does indicate that the patient has been on Vicodin since at least 09/2012 although it is noted within the documentation that this medication caused an increase in sedation. The clinical documentation does not provide any evidence that the patient is being transitioned off of this medication. The addition of Hydrocodone 2.5/325 mg is not clearly indicated. The treating physician does not provide any evidence or support for the need for 2 different opioids for the short-term management of breakthrough pain. As such, the requested 1 prescription of Hydrocodone 2.5/325 mg (Norco) is not medically necessary or appropriate.