

<b>Case Number:</b>	CM13-0034114		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Anesthesiology has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 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:

This 54 year old male injured worker with date of injury 11/9/10 and complaint of sharp right shoulder pain. He is diagnosed with cervical disc degeneration, lumbago, right shoulder impingement, and shoulder region pain. The injured worker has undergone CT of the chest 11/2010, MRI of the lumbar spine 12/2011, CT of the thorax 12/16/11, EMG/NCS of the lower extremities 3/15/12, epidural steroid injection 3/22/12, peripheral neurolysis to cluneal nerves 6/5/12, MRI of the right shoulder and of the cervical spine 7/19/12. His imaging studies revealed lumbar degenerative disc disease, L5-S1 multilevel spondylosis, and L5-S1 radiculopathy, acromioclavicular arthropathy, and laterally downsloping acromion. To date, the injured worker has been treated with injections and medications, braces/cast, TENS unit, and trigger point injections as improving his condition. The injured worker reports physical therapy provided no benefit. Per medical report dated 5/27/13 the injured worker has a history of prescription drug abuse as well as a family history of prescription drug abuse. The injured worker has an Opioid Risk Tool score of 9, which places him in the "high risk" category for opioid use. The date of UR decision is 9/24/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine Hcl 4mg, 1 Bid #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Tizanadine Page(s): 66.

**Decision rationale:** The UR physician in their denial cited not being able to find documentation of spasticity nor of functional improvement. They also cited a general muscle relaxant citation from the MTUS and did not comment on the specific citation in MTUS for this drug. 4/27/13 [REDACTED] noted muscle spasm, trigger points, and tenderness to palpation in the paraspinal musculature. [REDACTED] documentation establishes functional benefit. MTUS states "Tizanidine (Zanaflex®<sup>®</sup>, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Medically necessary for treatment of pain in this situation.

**Gabapentin 600mg, take 1 TID #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs(AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 17.

**Decision rationale:** MTUS citation above notes this drug can be considered a first-line agent for neuropathic pain, which this patient has been diagnosed with. UR physician states their reason for denial is for no physical exam findings of neuropathic pain and "no description of efficacy of this medication." I respectfully disagree, as in [REDACTED] notes from patients experience in the FRP, efficacy is documented. [REDACTED] note demonstrates physical exam evidence of right S1 radiculopathy. Medically necessary.

**Hydrocodone-acetaminophen 5-500mg, take 1 PRN #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78.

**Decision rationale:** Apart from concerns regarding efficacy, MTUS mandates efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are also necessary to assure safe usage and establish medical necessity. Per MTUS citation above, more recent UDS must be obtained. While this may have been done, documentation is not available for my review to affirm this, so per strict IMR criteria medical necessity cannot be affirmed.