

<b>Case Number:</b>	CM13-0051267		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 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 represented injured worker is a 57-year-old female with a reported injury from 10/23/08. No mechanism of injury was stated. The reported diagnoses are postlaminectomy syndrome of unspecified region, and postlaminectomy syndrome to lumbar region. The disputed issue is a request for Methadone 5mg, Tizanidine 4mg, and MS Contin 15mg. The urine testing was positive for Cannabis, opioids and other preparations. It was noted in a prior assessment that the pain is barely controlled with the medication regimen. The pain level is reported to be 6/10. A partial certification of the multiple medications was completed in November of 2013. A pain management protocol was completed in the end of 2012. The presenting complaint was bilateral low back pain with radiation into the bilateral lower extremities. A second pain management consultation was completed in March of 2013. The physical examination of September of 2013 noted no evidence of scoliosis or kyphosis and an abdominal scar is identified; however, there was no muscle spasm present in the lumbar region. There is no lower extremity atrophy or wasting of the musculature. The straight leg raising was positive at 60° in the left, motor strength is reportedly 5/5 and deep tendon reflexes were 2+ and equal throughout. The multiple medications were re-certified at that time. In November of 2013, a medication refill was sought. The narcotic medications were continued. The December 2013 progress note indicated clearance to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 5 MG #112:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. In general, the total daily dose of opioids should not exceed 120 mg oral morphine equivalents (MED). Guidelines also recommend that opioids should be discontinued when there is no overall improvement in function, or when there appears to be a decline in function. There is documentation that claimant has signed a pain management agreement and urine drug screens were performed routinely to monitor compliance; however, the long term use of opioids is not recommended per evidence based guidelines. The clinical documentation provided indicates the claimant has been taking opioids in excess of guideline recommendations. The Medical Record Summary dated June 13, 2013 indicates that the injured worker had failed the Methadone Trial. The continued use of the requested drug is not supported under guideline recommendations.

**TIZANIDINE 4 MG #56:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend long term use of muscle relaxants. There is no documented functional improvement from any previous use of this drug. Furthermore, the guidelines specifically do not recommend muscle relaxants as any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone. Based on the clinical documentation provided, the medical necessity for Tizanidine 4 mg #56, has not been established and therefore, is non-certified.

**MS CONTIN 15 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. The Peer-to-Peer conducted in July 2013, in order to be in compliance with the stated guidelines, the Methadone and MS Contin was discontinued, and Opana was continued. With the change in the script, the calculated opiate load

met the maximum daily dose of 120 mg oral morphine equivalents (MED). The guidelines also recommend that opioids should be discontinued when there is no overall improvement in function, or when there appears to be a decline in function. The continued use of the requested drug is not supported under the guidelines.