

<b>Case Number:</b>	CM13-0057811		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/16/1990
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Oklahoma and Texas. 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 patient is a 66-year-old male who reported an injury on 12/16/1990, after he lifted several boxes that weighed 40 to 45 pounds, which reportedly caused a sudden onset of pain in the lumbar spine. The patient developed chronic pain that was managed with a home exercise program and medications. The patient was regularly monitored for aberrant behavior with urine drug screens and [REDACTED] reports that were consistently appropriate. The patient's medication schedule included Xodol 7.5/300 mg, tizanidine 4 mg, naproxen sodium 550 mg, trazodone 50 mg, Xanax 2 mg, and a Medrol Dosepak 4 mg. The patient's physical examination findings included tenderness to palpation along the lumbar paravertebral musculature from the L5 to the S1 with restricted range of motion secondary to pain, and a positive straight leg raising test bilaterally. The patient also had decreased sensation in the L2 through the S1 dermatomes. The patient's treatment plan included continuation of medications, a lumbar MRI, and a psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Vicodin ES 7.5/300mg #120 with 1 refill:**

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

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

**Decision rationale:** The requested prescription of Vicodin ES 7.5/300 mg #120 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior and that side effects are well-managed. The clinical documentation submitted for review does indicate that the patient is regularly monitored for aberrant behavior with consistent results. However, the clinical documentation fails to provide a quantitative assessment of pain relief to support the efficacy of the requested medication. Additionally, the clinical documentation fails to document specific examples of functional benefit to support continued usage. As such, the requested 1 prescription of Vicodin ES 7.5/300 mg #120 with 1 refill is not medically necessary or appropriate.

**Tizanidine HCL 4mg #90 with 1 refill:** 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 1 prescription of tizanidine hydrochloride 4 mg #90 with 1 refill is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxers. California Medical Treatment Utilization Schedule recommends short courses of treatment of this type of medication for acute exacerbations of chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Additionally, the requested number of pills and refills exceeds the recommendation of 2 to 3 weeks. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 1 prescription of tizanidine HCl 4 mg #90 with 1 refill is not medically necessary or appropriate.