

<b>Case Number:</b>	CM14-0001276		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational 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 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 is a 34 year old male who was injured on 02/12/2009 while repetitively lifting and carrying boxes filled with merchandise. Prior treatment history has included physical therapy, chiropractic therapy, TENS unit, use of a cane and LESI. His medications include OxyContin 30 mg, Tizanidine 4 mg, Percocet 10/325 mg, Viagra 100 mg and Oxycodone-acetaminophen 10-325 mg. Diagnostic studies reviewed include a urine drug screen dated 04/26/2013 showing positive detection of Oxycodone and Oxymorphone. Progress report dated 12/16/2013 documented the patient with complaints of increased pain in the neck, upper back and right shoulder that radiates down the right arm. The patient describes the pain as stabbing, shooting, burning, aching and throbbing. The patient was asked to rate his pain on a scale of 0-10 and he rated it at 9/10 at its worst this past week. At its best in the last week it was 9/10. On average throughout the past week it was 9/10. The pain is constant and lasting throughout the day. It is exacerbated by staying in one position for too long. It is relieved by medicines. Associated symptoms include numbness, tingling, weakness, bowel dysfunction, constipation, swelling, spasm and fatigue. Current medications include the following: 1. Oxycodone-acetaminophen 10-325 mg 2. Oxy Contin 30 mg 3. Tizanidine Hcl 4 mg Objective findings one examination of neck, back and extremities reveal no warmth over the joints. Tenderness to palpation in the right upper trapezius, cervicothoracic paraspinals. Trigger points palpated in the upper, mid and lower trapezius on the right. Cervical spine range of motion is flexion 30 degrees, extension 40 degrees, rotation to the left and right 40 degrees, lateral bending 20 degrees bilaterally. Shoulders range of motion forward flexion 180 degrees to the left and 140 degrees to the right, extension left 30 degrees and right 20 degrees, abduction 180 degrees to the left and 100 degrees to the right, adduction 40 degrees bilaterally. Right shoulder abduction or flexion could not be tested due to limited range of motion. Left elbow flexion is 4/5 and right 4+/5, extension left 4/5 and

right 4+/5. Left wrist extension is 4+/5 right and wrist extension 5/5. There is decreased sensation to light touch noted in the right distal arm and digits 1-5. Biceps, triceps and brachioradialis reflexes are 1+ bilaterally. There is a positive Tinel sign at the wrist on the left as well as positive Phalen's on the left. Treatment Plan: 1. Amitiza 24 mcg 2. Gabapentin 100 mg 3. Gabapentin 300 mg 4. Viagra 100 mg 5. Oxycodone-acetaminophen 10-325 mg 6. OxyContin 30 mg 7. Tizanidine 4 mg UR report dated 12/27/2013 denied the request for Amitiza although it is indicated for opioid induced constipation, but there is little to recommend continuation of opioids in this worker whose pain level appeared to be unaffected with their use. The request for Viagra 100 mg was denied because there is no history of erectile dysfunction here and Viagra is indicated for such. In the absence of any history or medical workup the request is not certified. The request for Oxycodone-acetaminophen and OxyContin was denied because opioids have not been effective for pain reduction or improved functioning and so it does not make sense to continue them. The request for Tizanidine was denied because there was no evidence of spasm on exam.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 AMITIZA 24 MCG CAPSULES TWICE DAILY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.pdr.net](http://www.pdr.net), Amitiza.

**Decision rationale:** CA MTUS and ODG do not specifically discuss this medication and hence other evidence-based reference was used. According to the Physicians' Desk Reference, Amitiza is indicated for treatment of chronic idiopathic constipation in adults. The patient is apparently prescribed this medication for treatment of constipation secondary to opioid usage. However, chronic opioid use is not recommended in this case (see below). Therefore, Amitiza is not medically necessary.

#### **30 VIAGRA 100 MG TABLETS: 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 Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain if functional improvement and pain reduction are documented. However, medical records fail to establish clinically significant functional benefit or pain reduction or improved quality of life attributable to chronic opioid use. The patient continues to complain of severe pain and dysfunction. He is not working. Medical necessity is not established.

**OXYCODONE-ACETAMINOPHEN 10-325 MG ONE TABLET ORALLY EVERY 6 HOURS: 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 Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain if functional improvement and pain reduction are documented. However, medical records fail to establish clinically significant functional benefit or pain reduction or improved quality of life attributable to chronic opioid use. The patient continues to complain of severe pain and dysfunction. He is not working. Medical necessity is not established.

**60 OXYCONTIN 34 MG ONE TABLET TWICE A DAY: 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 Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be recommended for moderate to severe pain if functional improvement and pain reduction are documented. However, medical records fail to establish clinically significant functional benefit or pain reduction or improved quality of life attributable to chronic opioid use. The patient continues to complain of severe pain and dysfunction. He is not working. Medical necessity is not established.

**TIZANIDINE RD 4 MG ONE TABLET BY MOUTH TWICE DAILY: 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 RELAXANTS Page(s): 63-66.

**Decision rationale:** According to MTUS guidelines, muscle relaxants are recommended second-line for treatment of acute exacerbations of chronic low back pain. Treatment should be short-term. Chronic use is not recommended. However, the patient is Tizanidine on a chronic basis without evidence functional benefit or pain reduction. There is no documentation of acute exacerbation. Medical necessity is not established.