

<b>Case Number:</b>	CM14-0111736		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 50-year old woman with a work-related injury dated 7/1/1992 resulting in chronic pain in the neck and both shoulders. She has a history of cervical spine fusion in 1996 and bilateral shoulder surgery. On 6/12/14 she presented to the physical medicine and rehab provider with low back pain radiating to the lower extremity. The patient continues to complain of low back pain 8/10 (6/10 with pain medications). Current medications were listed as Oxycodone, Tizanidine, Diazepam, Lyrica and Soma. The physical exam was listed as "no significant change". The diagnosis includes chronic low back pain, chronic right-sided neck pain. The plan of care was continuation of medications with decrease in soma from 2 daily to 1 tab daily. There was no urine toxicology or functional assessment documented. The previous treatment included oral analgesics, physical therapy, surgery and ESI. Under consideration is the continued use of oxycodone 30mg (#90), Tizanidine 4mg (#60) and soma 350mg (#30) which were denied during utilization review dated 7/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30mg QTY: 90.00 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Oxycodone is a long-acting opioid used to stabilize medication levels and provide around-the-clock analgesia to patients with chronic pain. According to the MTUS the use of opioid pain medication appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16weeks), but also appears limited. For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits. Intermittent urine toxicology should be performed. The medications should be weaned and discontinued if there is no overall improvement in function, continued pain or decrease in functioning. In this case there is no documentation of functional improvement or adverse drug reaction. The continued use of oxycodone is not medically necessary.

**Retrospective request with date of service of 6/12/2014 request for Tizanidine 4mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as Tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. Tizanidine is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Side effects include somnolence, hypotension and weakness. Sedation may be worse with patient's taking concurrent CNS depressants (such as Klonopin). In this case the patient is not noted to have spasticity. She is taking multiple sedating medications including diazepam which could increase CNS depressant side effects. The continued use of Tizanidine is not medically necessary.

**Retrospective request with date of service of 6/12/2014 for Soma 350mg QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient is taking multiple sedating medications. The continued use of Soma is not medically necessary.