

<b>Case Number:</b>	CM14-0125956		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/09/1996
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Neurology 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 Injured Worker injured worker is a 46 year-old male who is reported as stationary and permanent following an injury on date 11/9/1996. The records provided for review do not indicate the nature or mechanism of injury. The injured worker reports low backache and right hip pain. The spine exam reveals range of motion limited by pain on flexion (75-degrees) but normal extension, bilateral bending, and rotation to the left. There is note of paravertebral muscle spasm, tenderness, and tightness of muscle band bilaterally. Straight-leg raise and Faber tests are negative, and the sensory neurological exam is reported as normal. The current diagnoses are Low Back Pain and Spinal/Lumbar Degenerative Disc Disease. No diagnostics were provided for review. Progress Reports and physician notes provided for this review are dated 1/14/2014 through 7/31/2014. Treatment reports and monthly prescriptions indicate that the injured worker has been using Zanaflex (4 mg, twice daily, as needed for spasm), OxyContin (20 mg, twice daily, for baseline pain control), and Norco (10/325 mg, three times daily, as needed for break-through pain). Notes indicate that the injured worker also receives Adderall (5 mg) though another provider. The injured worker reports pain as 8 and 9 out of 10 with medications and 10/10. He denies any side-effects and reports that he is not trying any other therapies for pain relief. In the 4/8/2014 physician's note and request for authorization, the injured worker reports increased pain with increased activity and that the medications are not as effective at reducing his pain, but denied interest in altering the medication regimen at that time. The 5/6/2014 report indicates that a Urine Drug Screen was obtained 5/10/2011 with results positive for hydrocodone, oxycodone, benzodiazepine, amitriptyline and THC, "consistent with prescribed medications regiment." The 5/6/2014 report also includes results of Urine Toxic Screen (apparently obtained via preliminary dip-stick at the time of the visit) with positive results for Opioids, Amphetamines, and Oxycodone. The provider states that it would be necessary to

send out the sample for quantitative analysis, but the records provided do not include the results of such analyses. In the 5/6/2014 report, the injured worker states that the medication is not as effective in reducing pain flares with his increased activity. In subsequent reports the injured worker states that medications are "helpful at times," and "when used when back is not flared decreases pain to a more tolerable level (8/10)." A Utilization Review (UR) dated 7/22/2014 denied authorization for continued use of Zanaflex, OxyContin, and Norco, noting that a previous UR dated 6/23/2014 (not included with documents for this review) approved these medications as requested only for the purpose of initiating "downward titration and complete discontinuation of medication on subsequent review due to non-compliance of medication guidelines", with "warnings" to subsequent reviewers that additional certification on subsequent review will require ongoing evidence of efficacy, analyses from a current urine drug screen, a risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the claimant. The physician's note dated 7/31/2014 (apparently filed in response to the denial decision of 7/22/2014 and to supplement the request for an independent medical review) indicates that another Urine Drug Screen was completed in-clinic on that date, yielding results "consistent with his medications" with note that the sample was to be sent out for quantitative analysis. The final analyses of that screen were not included for this review. The provider also states that the injured worker is able to "functionally do more with medications as compared without," reports no significant side-effects nor aberrant behavior, and that the injured worker has a signed pain narcotics agreement on file and is "CURES appropriate."

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

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

**Zanaflex 4mg #20 per RFA 7/15/2014 QTY:20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle relaxants Page(s): 63-64.

**Decision rationale:** The MTUS Guidelines regarding Muscle Relaxants indicate that "non-sedating muscle relaxants may be used with caution for short-term treatment of acute exacerbations in patients with chronic low back pain, but in most cases, they show no benefit beyond that of NSAIDs for pain management and overall improvement." Further, efficacy seems to diminish with prolonged use and may lead to dependency in some cases. Zanaflex is an antispasmodic/antispasticity alpha2-adrenergic agonist that the FDA has approved for management of spasticity but is not labeled for low back pain. Its use may elevate hepatic aminotransaminase, and liver function tests for hepatotoxicity should be assessed at baseline, 1, 3, and 6 months of treatment. It is apparent from the records provided (dating from 1/14/2014) that the injured worker has been utilizing Zanaflex on a prolonged, chronic basis, noting monthly prescriptions which would indicate its use by the injured worker one day in every three. Such use is not considered short-term treatment for acute exacerbations. There is no record provided which indicates a trial of NSAIDs has failed to treat symptoms, and there is no indication that hepatotoxicity concerns are being/have been addressed with the injured worker. Medical necessity

is not substantiated for the continued prescription of this medication as it has been apparently used.

**Norco 10-325mg #90 per RFA 07/15/14:** Upheld

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

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

**Decision rationale:** With regard to treatment of chronic back pain, the MTUS states that "opioids appear to be efficacious for short-term pain relief but are reported to have limited efficacy in long-term use. When used for management of back complaints, there is no evidence for long-term benefit or improvement in function with opioid treatments. Furthermore, repeated use of opioids causes tolerance and may lead to sensitization where analgesia is no longer achieved over time (p. 82). Hyperalgesia may develop in which pain persists at higher levels than expected because opioids may actually increase pain sensitivity in such cases." This injured worker cites pain as either 8 or 9 out of 10 when using the medications, and as 10 of 10 when not, recently reporting that the medications "are not as effective" in reducing pain flare-ups, and that it is "difficult" to reduce the pain to a more tolerable (e.g., 8/10) level. Further, the injured worker has been prescribed #90 Norco 10/325 for use up to three times daily as needed for break-through pain, and the records indicate that this medication has been prescribed monthly. As there is no indication in the reports that the injured worker brings unused pills to each appointment, it can be assumed that the injured worker is in fact using the Norco on a consistent and chronic basis, not intermittently to treat break-through pain. As this injured worker's monthly opioid treatment with long- (OxyContin) and short-acting (Norco) medications has been on-going since at least 1/14/2014 and as the injured worker continues to report pain as high as 8 - 9 of 10 with medication and notes diminishing effectiveness of the medication, there should be concern that efficacy of the opioid treatment may have, in fact, become limited in its long-term use. Without better assessment of how the opioid is used. It is unclear that the opioids are useful in achieving analgesia of any significance. According to the MTUS' criteria for long-term use of opioids "(> 6 months), re-assessments of pain and documented functional improvement as compared to baseline is necessary. Aside from the injured worker's subjective reports that the medications allow greater functionality, there are no objective functionality measures reported in the documentation that substantiate that the medication is, in fact, working to meet any measureable outcomes." Furthermore, continued use of opioids requires evidence of appropriate medication use, which can be confirmed by periodic drug screens. In the absence of objective measurements of functionality specific to medication use, and without results from a clinically-sufficient urine drug analysis substantiating appropriate medication compliance, continued treatment with Norco is not medically necessary.

**Oxycontin 20mg #60 per RFA 07/15/14:** Upheld

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

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

**Decision rationale:** With regard to treatment of chronic back pain, the MTUS states that "opioids appear to be efficacious for short-term pain relief but are reported to have limited efficacy in long-term use. When used for management of back complaints, there is no evidence for long-term benefit or improvement in function with opioid treatments. Furthermore, repeated use of opioids causes tolerance and may lead to sensitization where analgesia is no longer achieved over time (p. 82). Hyperalgesia may develop in which pain persists at higher levels than expected because opioids may actually increase pain sensitivity in such cases." This injured worker cites pain as either 8 or 9 out of 10 when using the medications, and as 10 of 10 when not, recently reporting that the medications "are not as effective" in reducing pain flare-ups, and that it is "difficult" to reduce the pain to a more tolerable (e.g., 8/10) level. Further, the injured worker has been prescribed #90 Norco 10/325 for use up to three times daily as needed for break-through pain, and the records indicate that this medication has been prescribed monthly. As there is no indication in the reports that the injured worker brings unused pills to each appointment, it can be assumed that the injured worker is in fact using the Norco on a consistent and chronic basis, not intermittently to treat break-through pain. As this injured worker's monthly opioid treatment with long- (OxyContin) and short-acting (Norco) medications has been on-going since at least 1/14/2014 and as the injured worker continues to report pain as high as 8 - 9 of 10 with medication and notes diminishing effectiveness of the medication, there should be concern that efficacy of the opioid treatment may have, in fact, become limited in its long-term use. Without better assessment of how the opioid is used. It is unclear that the opioids are useful in achieving analgesia of any significance. According to the MTUS' criteria for long-term use of opioids "(> 6 months), re-assessments of pain and documented functional improvement as compared to baseline is necessary. Aside from the injured worker's subjective reports that the medications allow greater functionality, there are no objective functionality measures reported in the documentation that substantiate that the medication is, in fact, working to meet any measureable outcomes." Furthermore, continued use of opioids requires evidence of appropriate medication use, which can be confirmed by periodic drug screens. In the absence of objective measurements of functionality specific to medication use, and without results from a clinically-sufficient urine drug analysis substantiating appropriate medication compliance, continued treatment with OxyContin is not medically necessary.