

<b>Case Number:</b>	CM14-0132076		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 47-year-old male who reported injury on 01/21/1998 caused by an unspecified mechanism. Workers treatment history included medications, MRI studies, a chiropractic treatment, and surgery. Then injured worker was evaluated on 07/24/2014 and it is documented that the injured worker reported more left leg pain, continued intermittent left leg weakness with occasional weakness in both legs, and low back pain rated 3/10 to 4/10. He rated left leg pain as 4/10 to 6/10 with fasciculation of the right leg and buttock muscles, right sided leg pain was rated 1/10 occasionally, as well as burning sensation in the knee bilaterally which was not continuous. The physical examination revealed 50% lumbar flexion, 25% lumbar extension, normal deep tendon reflexes in the right and trace on the left knee, and motor strength was normal except 3/5 motor strength was motor strength with dorsiflexion of the left ankle. There were muscle trigger points in the upper gluteals bilaterally with twitch response and radiation, left sided sacroiliac joint pain which was much less due to blocks, positive straight leg raised on the left sitting and standing at 50%, and bilateral mild thoracic muscular spasm. Diagnoses included status both lumbar fusion, chronic pain, reactive dysphoria, right knee pain status postsurgical intervention, left sacroiliac joint dysfunction with piriformis spasticity, and L5 left sided radiculopathy. Medication included OxyContin 40 mg, Percocet 10/325 mg, tizanidine 4 mg, Lyrica 50 mg, Senokot, and Lidoderm patches. The Request for Authorization dated 06/24/2014 was for Percocet 10/325 mg, tizanidine 4 mg, Lyrica 50 mg, Senna 8.6/50 mg, and Zanaflex 4 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #90: 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, criteria for use Page(s): 78.

**Decision rationale:** The request for Percocet 10/325mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state the criteria for use and ongoing management of opiates include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of pain medication management, average pain, intensity of pain or longevity of pain relief. Furthermore the request does not include the frequency or duration of medication. In addition, there is no documented evidence of conservative care such as home exercise regimen or outcome measurements noted for the injured worker. Given the above, Percocet is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines' recommendations. As such the request is not medically necessary.

**Tizanidine 4mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Tizanidine 4mg #60 is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommend no sedating muscle relaxants with a caution as a second line option for a short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicate the worker received prior conservative care; however, the outcome measures were not provided. Furthermore the documentation failed to indicate how long the injured worker has been on tizanidine and functional improvement while being on the medication. In addition, the guidelines do not recommend tizanidine 4 mg #60 to be used for long term use. Given the above request for tizanidine is not medically necessary.

**Lyrica 50mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica) Page(s): 99.

**Decision rationale:** The request for Lyrica 50 mg # 30 is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. On 07/24/2014 the documents provided failed to indicate the injured worker having a diagnosis indicating diabetic neuropathy or postherpetic neuralgia for the injured worker. The request did not include frequency or duration of the medication. Given the above, the request is not medically necessary.

**Senna 8.6-50mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids Page(s): 76.

**Decision rationale:** The request for the Senna 8.6- 50 mg. # 100 is not medical necessary. The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The provider failed to indicate outcome measurements Senna medication for the injured worker. Additionally, the request failed to include frequency and duration of medication. Given the above, the request for Senna 8.6- 50 mg is not medical necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care. However, the outcome measurements were not provided. The request failed to include duration and frequency of medication. The guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex 4mg # 60 is not medically necessary.