

<b>Case Number:</b>	CM14-0136222		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Family Practice and is licensed to practice in Alabama, Mississippi and Tennessee. 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 43-year-old female who reported an injury on 05/10/1999. The mechanism of injury was cumulative trauma. Her diagnoses were noted to include reflex sympathetic dystrophy, injured ulnar nerve, and carpal tunnel syndrome. Past treatment was noted to include medications. On 08/04/2014, the injured worker was noted to have bilateral upper extremity pain which she rates at 8/10. Upon physical examination, it was noted the injured worker had tenderness and a positive Tinel's bilaterally. Her medications were noted to include MS Contin 30 mg, morphine ER 30 mg, Risperdal, and Effexor XR. The treatment plan was noted to include morphine ER 30 mg, tramadol 50 mg, and tizanidine 4 mg. A request was received for retrospective prescription of morphine ER 30 mg #60 date 08/04/2014, retrospective prescription of tramadol 50 mg #112 date 08/14/2014, and retrospective prescription of tizanidine 4 mg #42 date 08/04/2014 without a rationale. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Retrospective Prescription of Morphine ER 30mg, #60 (DOS: 8/4/2014): Upheld**

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

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

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The injured worker was noted to have pain to her bilateral upper extremities; however, the clinical documentation did not specify what her pain was with and without the use of medication. Additionally, it was not provided in the documentation if she had any adverse side effects to the medication and how her ADLs differed with the use and without the use of the medication. Furthermore, the documentation did not provide a urine drug screen to support medication compliance. In the absence of pain and ADLs with the use and without the use of medication, any adverse side effects, and urine drug screen, the request is not supported by the evidence based guidelines. As such, the request for 1 retrospective prescription of morphine ER 30mg, #60 (DOS: 8/4/2014) is not medically necessary.

**1 Retrospective Prescription of Tramadol 50mg, #112 (DOS: 8/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for Chronic Pain.

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

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The injured worker was noted to have pain to her bilateral upper extremities; however, the clinical documentation did not specify what her pain was with and without the use of medication. Additionally, it was not provided in the documentation if she had any adverse side effects to the medication and how her ADLs differed with the use and without the use of the medication. Furthermore, the documentation did not provide a urine drug screen to support medication compliance. In the absence of pain and ADLs with the use and without the use of medication, any adverse side effects, and urine drug screen, the request is not supported by the evidence based guidelines. As such, the request for 1 retrospective prescription of tramadol 50mg, #112 (DOS: 8/4/2014) is not medically necessary.

**1 Retrospective Prescription of Tizanidine 4mg, #42 (DOS: 8/4/2014): 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 (for pain) Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, tizanidine is a muscle relaxant which is recommended as a second line option for short term treatment of chronic low back pain. The injured worker was noted to have chronic bilateral upper extremity pain and no diagnoses in regards to her lower back. Furthermore, the efficacy of the tizanidine she had been prescribed was not documented. Consequently, the request is not supported by the evidence based guidelines. As such, the request for 1 retrospective prescription of tizanidine 4mg, #42 (DOS: 8/4/2014) is not medically necessary.