

<b>Case Number:</b>	CM14-0164410		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain Management 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 40-year-old male with a date of injury on February 21, 2011. Per March 14, 2014, the injured worker went to his provider for a follow-up and reported increasing pain with standing and walking with pain ranging 5-8/10. He noted progressive low back pain, had trouble getting out bed and has increasing pain with standing and walking. He described his low back pain with right lower extremity radiation involving the right knee region as well. He also has mid and upper back pain. He also reported that he found his arm, shoulder, and hand on the left side to go numb and tingling. On examination, he was guarded sitting to standing. Tenderness over the low back increasing with forward flexion and increasing more with extension was noted. He has tenderness over the upper and mid thoracic spine increasing with extension as well. Tenderness was also noted in the upper back/neck. Spurling's test was positive for numbness and tingling sensation. Sitting straight leg raising test was positive for lower extremity radiation. On June 16, 2014, he underwent a magnetic resonance imaging (MRI) scan of the right shoulder without contrast. Findings revealed: (a) mild glenohumeral joint arthrosis with full-thickness chondral fissuring and subchondral changes along the anterior inferior glenoid, (b) there is a 1.4 cm paralabral cyst along the inferior glenoid partially extending anteroinferiorly suggestive of an adjacent inferior/anteroinferior labrum tear. There is no Hill-Sachs fracture. There is no osseous Bankart and (c) Mild to moderate rotator cuff tendinosis. There is a small interstitial tear in the distal subscapularis tendon. There is no high grade or full thickness rotator cuff tear and (d) moderate acromioclavicular joint arthrosis with subchondral changes. Most recent records documents that the injured worker continued to have pain in the upper back, neck, right shoulder blade area, with tingling sensation into both hands as well as ongoing low back pain, weakness down both legs, numbness and tingling sensation in both feet and tenderness about the left knee. He continued to have instability with the left knee.

He reported that his pain ranges between 6-8/10 and sometimes go up to 9/10. He reported that he was getting worse and not better with increasing deconditioning and weakness and fatigue. He reported that he can handle some lifting but flares up if he does much. He reported that with therapy his pain would go down from 8/10 to 6/10. On examination, he has to push up to get out of a chair and rotate at the side given that his left knee instability and overall weakness. He has subjective numbness in both hands and feet. He noted tenderness across the lumbar spine and guards forward flexion and has trouble with standing up straight. Sitting straight leg raising gives him pulling. He has tenderness about the medial aspect of the knee. Anterior drawing test was equivocal but experience pain when he attempts. He is diagnosed with (a) thoracolumbar sprain, (b) lumbar sprain, and (c) neck, thorax, and lumbar sprains with right shoulder/left knee sprains.

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

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

#### **30 tablets of Hydromorphone 4mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** This classification of opioids is indicated for flare-ups as well as controlling chronic pain. Most recent records indicate that the injured worker has indeed experienced a flare-up to which caused him to go to the emergency room. Records do indicate that the injured worker's provider is following the criteria for on-going opioid medication use including the use of urine drug screening test which revealed consistent urine results as well as there is no evidence of aberrant drug taking behaviors. Moreover, pain was noted to be decreased from 8-9/10 down to 6/10, which may not be that significant; however, records indicate that he can do some lifting as well as go do the groceries. Records also indicate that he has regular bowel movements but also mentioned that he needs some soft softeners to provide extra assurance. Based on this information, it is apparent that the current clinical presentation of the injured worker meets the criteria as noted in evidence-based guidelines. Therefore, the medical necessity of the requested Hydromorphone 4 mg 30 tablets is established.

#### **60 tablets of Oxycodone/Acetaminophen 5/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding oxycodone/acetaminophen 5/325 mg 60 tablets, a short-acting opioid, this classification of opioids is indicated for flare-ups as well as controlling chronic pain.

Most recent records indicate that the injured worker has indeed experienced a flare-up to which caused him to go to the emergency room. Records do indicate that the injured worker's provider is following the criteria for on-going opioid medication use including the use of urine drug screening test which revealed consistent urine results as well as there is no evidence of aberrant drug taking behaviors. Records also indicate that he has regular bowel movements but also mentioned that he needs some soft softeners to provide extra assurance. Moreover, pain was noted to be decreased from 8-9/10 down to 6/10 which may not be that significant however records indicate that he can do some lifting as well as go do the groceries. Based on this information, it is apparent that the current clinical presentation of the injured worker meets the criteria as noted in evidence-based guidelines. Therefore, the medical necessity of the requested 60 tablets of Oxycodone/Acetaminophen 5/325mg is established.

**150 tablets of Hydrocodone (Norco) 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding Hydrocodone (Norco), a short-acting opioid, this classification of opioids is indicated for flare-ups as well as controlling chronic pain. Most recent records indicate that the injured worker has indeed experienced a flare-up to which caused him to go to the emergency room. Records do indicate that the injured worker's provider is following the criteria for on-going opioid medication use including the use of urine drug screening test which revealed consistent urine results as well as there is no evidence of aberrant drug taking behaviors. Moreover, pain was noted to be decreased from 8-9/10 down to 6/10 which may not be that significant however records indicate that he can do some lifting as well as go to the grocery store. Records also indicate that he has regular bowel movements but also mentioned that he needs some soft softeners to provide extra assurance. Based on this information, it is apparent that the current clinical presentation of the injured worker meets the criteria as noted in evidence-based guidelines. Therefore, the medical necessity of the requested Hydrocodone (Norco) 10/325 mg 150 tablets is established.

**90 tablets of Tizanidine 4mg DR with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tizanidine Page(s): 63, 66.

**Decision rationale:** Muscle relaxants are allowed as short-term treatment if there is evidence of an acute exacerbation of the low back pain. In this case, records indicate that the injured worker recently had a flare-up of his pain that shoots his pain levels up to 9/10. With evidence of an

acute exacerbation of his pain and spasm the medical necessity of the requested 90 tablets of Tizanidine 4 mg DR with one refill is established.