

<b>Case Number:</b>	CM14-0168426		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	12/20/1998
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational 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 50-year-old-male with a date of injury on 12/20/1998. Medical records were viewed. The listed diagnoses are: lumbar degenerative disc disease, lumbar disc displacement, lumbar radiculopathy, chronic pain syndrome, and depression. The reported medications consists of gabapentin 600 mg three times a day, Percocet 7.5/325 mg (twice), Tizanidine 2 mg (four times), Lyrica and Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Percocet 7.5/325mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Long-Term Assessment and Pain Treatment Agreement Page(s): 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids; Pain Treatment Agreement, Long-Term Assessment, Urine Drug Testing (UDT) and Dealing with Misuse and Addiction (plus aberrant behaviors & abuse)

**Decision rationale:** Although the use of opioid analgesics for non-malignant pain is considered an option by the cited guidelines, it is recommended that an opiate agreement be in place and that

urine toxicology screening be performed for the purpose of monitoring for compliance with the prescribed therapy. Upon review of the submitted clinical notes dating back to 2013, it has been noted that the claimant has been taking Percocet since then. Documentation of an opiate agreement is absent and the only urine toxicology screen submitted for review with a date of March 5, 2014 was positive for amphetamines and negative for the prescribed medications. This would be a red flag for diversion/aberrant behavior and documentation that this issue was addressed is absent. As such, medical necessity for ongoing chronic opiate therapy has not been established per criteria set forth by the above cited guidelines.

**1 prescription of Tizanidine 2mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for pain)

**Decision rationale:** According to the cited guidelines, the use of non-sedating muscle relaxants is recommended with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in workers with chronic low back pain. Upon review of the submitted clinical notes, the claimant has been taking Tizanidine 2 mg daily to three times per day since 2013. The progress report dated October 18, 2013 indicates that the claimant reported that the Tizanidine is not doing much. Chronic daily use of muscle relaxants is not supported by the cited guidelines and medical necessity has not been established.