

<b>Case Number:</b>	CM14-0175379		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/30/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 67-year-old male with a date of injury of 07/30/2007. The listed diagnoses per [REDACTED] are: COAT, Cervical spondylosis, Failed back syndrome, Cervical radiculopathy, Chronic pain, History of tobacco use, Cannabis dependence, Injury to ulnar nerve, CTS and CTR, Depression, Muscle spasms, Spinal stenosis in the cervical region, Insomnia and Adjustment disorder with anxiety. According to progress report 09/25/2014, the patient presents with left anterior neck, left lateral neck, left posterior neck, left shoulder, and left arm pain. The patient reports without medication, her pain is 10/10 and with medication 5/10. Without medication, "the patient struggles." With medication, the patient is able to get dressed in the morning and perform minimal activities at home. The provider is requesting a refill of medications Tizanidine HCL 4 mg #30, Oxycodone HCL #15 mg #90 and Lyrica 100 mg #180 with 1 refill. Utilization review denied the request on 10/10/2014. Treatment reports from 01/08/2014 through 09/25/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tizanidine HCL 4mg #30:** Overturned

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

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

**Decision rationale:** This patient presents with neck, left shoulder, and left arm pain. The provider is requesting a refill of Tizanidine HCL 4 mg #30. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66:" Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Review of the medical file indicates the patient has been taking this medication since at least 01/08/2014. In this case, the patient suffers from chronic low back pain and muscle spasms. The provider has documented a decrease in pain and provided specific functional improvement with medication use. Therefore, this request is medically necessary.

**1 prescription of Oxycodone HCL 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** This patient presents with neck, left shoulder, and left arm pain. The provider is requesting a refill of oxycodone HCL 15 mg #90. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking oxycodone since at least 01/08/2014. Monthly progress reports include pain scales with and without medication. Progress reports note with medication, the patient "struggles but fulfills daily home responsibilities." The patient reports that with medications she is "getting dressed in the morning, and perform minimal activities at home." The provider states that CURES report is on file and UDS was administered on 7/4/14 to monitor for compliance. In this case, recommendation for further use of Oxycodone cannot be supported as the provider does not discuss adverse side effects or aberrant behaviors. It was noted that a UDS was performed but the outcome of the testing along with discussion of possible adverse behavior were not provided. MTUS requires documentation of the 4 A's, which not only include analgesia and ADLs, but adverse side effects and behavior must be addressed as well. Given the lack of sufficient documentation for opiate management, therefore, this request is not medically necessary.

**1 prescription of Lyrica 100mg #180 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** This patient presents with neck, left shoulder, and left arm pain. The provider is requesting refill of Lyrica 100 mg #180 with 1 refill. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) 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. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." In this case, the patient presents with cervical radiculopathy and the provider continually notes that the patient has a decrease in pain with medications. Therefore, this request is medically necessary.