

<b>Case Number:</b>	CM14-0022520		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 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 underlying date of injury in this case is 02/23/2000. The patient's treating diagnosis is a lumbar postlaminectomy syndrome. On 12/19/2013, the primary treating physician saw the patient in follow-up regarding chronic pain in the neck and lower back. The patient was noted to have a failed back syndrome and to require the use of multiple narcotic analgesics including OxyContin and also Norco for breakthrough pain. The treating physician noted that trigger point injections occasionally helped the patient as well. The patient was noted to have a history of both lumbar fusion and chronic lumbar discogenic disease. The treating physician recommended medications including Prilosec, Norco, Flexeril, and OxyContin. Other treatment notes including on 01/21/2013 outline the use of Tizanidine or Zanaflex. An initial treating physician review concluded that multiple medications were not medically necessary, including the lack of documentation of medical indication for Prilosec, opioid medication, Flexeril, or Dolgic Plus. This physician review also noted that Tizanidine is a sedating muscle relaxant recommended by the Medical Treatment Utilization Schedule only for acute use but not for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommend that the clinician document a specific rationale as to why the patient requires gastrointestinal prophylaxis. The medical records do not provide such a rationale in this case. This request is not medically necessary.

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Review And Documentation Of Pain Relief.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses in detail the four A's of opioid management, which are recommended in order to titrate and support indications for long-term opioid management. The medical records do not discuss these four A's of opioid management. This request is not medically necessary.

**OXYCONTIN 60MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Review And Documentantation Of Pain Relief.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses in detail the four A's of opioid management, which are recommended in order to titrate and support indications for long-term opioid management. The medical records do not discuss these four A's of opioid management. This request is not medically necessary.

**FLEXERIL 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 64, discusses Flexeril and indicates that this medication is indicated only for short-term use. The medical records do not support an alternate rationale for this request. This request is not medically necessary.

**TIZANIDINE 4MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Tizanidine, page 66, state that this medication may be used on an unlabeled basis for low back pain and that the peer review literature study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome, and this medication was recommended as a first-line treatment for myofascial pain. Overall, the treatment guidelines indicate that this medication can be used long term; the prior physician reviewer noted that the treatment guidelines in general do not recommend long-term use of muscle relaxants, but the treatment guidelines do reference such long-term use in this case. Particularly given a recommendation to discontinue the use of opioid and barbiturate-containing medications, the guidelines support Tizanidine. This request is medically necessary.

**DOLGIC PLUS:** 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 Barbiturate-Containing Analgesic Agents Page(s): 23.

**Decision rationale:** This is a combination medication which contains barbiturate. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on barbiturate-containing analgesic agents, states such agents are not recommended for chronic pain and that potential for drug dependence is high, with no clinically significant benefit from the barbiturate constituent. The records do not provide an alternate rationale for this request. This request is not medically necessary.