

<b>Case Number:</b>	CM14-0042239		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/24/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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, 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:

According to the records made available for review, this is a 73-year-old male with a 6/24/03 date of injury. At the time (3/10/14) of request for authorization for Norco 10/325 mg #90 2 refills, Prednisone 10 mg 5 po daily, then taper #22, and Tizanidine 4 mg #90, 2 refills, there is documentation of subjective (back, neck, and knee pain) and objective (decreased lumbar spine range of motion, noticeable limp on the left side, and decreased sensation in the L5 dermatome) findings, current diagnoses (chronic back pain, left knee osteoarthritis, left calf vein thrombophelbitis, embolic strokes, depression, and medication dependency), and treatment to date (medications (including ongoing treatment with Norco and Prednisone since at least 9/3/13; and ongoing treatment with Tizanidine)). Medical report identifies that patient rates pain a 4/10 with medications and 9-10/10 without, is able to interact with family and do chores with medications. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Prednisone, there is no documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; that the patient is aware of the evidence that research provides limited evidence of effect with this medication; and a symptom-free period with subsequent exacerbation or evidence of a new injury. Regarding Tizanidine, there is no documentation of spasticity and Tizanidine used a second line option for short-term (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines require documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic back pain, left knee osteoarthritis, left calf vein thrombophelbitis, embolic strokes, depression, and medication dependency. In addition, given documentation of ongoing treatment with Norco and that patient rates pain a 4/10 with medications and 9-10/10 without, is able to interact with family and do chores with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #90 2 refills is not medically necessary.

**Prednisone 10 mg 5 po daily, then taper #22:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain, Oral corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Corticosteroids.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that oral corticosteroids are not recommended for evaluation and managing low back complaints. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that

research provides limited evidence of effect with this medication, as criteria necessary to support the medical necessity of oral corticosteroids. In addition, ODG identifies that early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Within the medical information available for review, there is documentation of diagnoses of chronic back pain, left knee osteoarthritis, left calf vein thrombophlebitis, embolic strokes, depression, and medication dependency. In addition, given documentation of ongoing treatment with Prednisone and that the patient rates pain a 4/10 with medications and 9-10/10 without, is able to interact with family and do chores with medications, there is documentation of functional benefit and an increase in activity tolerance; and/or a reduction in the use of medications as a result of Prednisone use to date. However, there is no documentation of clear-cut signs and symptoms of radiculopathy; that risks of steroids have been discussed with the patient and documented in the record; and that the patient is aware of the evidence that research provides limited evidence of effect with this medication. In addition, given documentation of chronic back pain and ongoing treatment with Prednisone since at least 9/3/13, there is no documentation of a symptom-free period with subsequent exacerbation or evidence of a new injury. Therefore, based on guidelines and a review of the evidence, the request for Prednisone 10 mg 5 po daily, then taper #22 is not medically necessary.

**Tizanidine 4 mg #90, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain;Muscle Relaxants (for pain) Page(s): 63;66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended 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 patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic back pain, left knee osteoarthritis, left calf vein thrombophlebitis, embolic strokes, depression, and medication dependency. In addition, given documentation of ongoing treatment with Tizanidine and that the patient rates pain a 4/10 with medications and 9-10/10 without, is able to interact with family and do chores with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Tizanidine use to date. However, there is no documentation of spasticity and Tizanidine used a second line option for short-term (less than two weeks). Therefore, based

on guidelines and a review of the evidence, the request for Tizanidine 4 mg #90, 2 refills is not medically necessary.