

<b>Case Number:</b>	CM14-0056914		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, left foot, and left ankle pain reportedly associated with an industrial injury of June 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; opioid therapy; shoulder corticosteroid injection therapy; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 17, 2014, the claims administrator failed to approve a request for tizanidine, Norflex, Norco, and topiramate. The applicant's attorney subsequently appealed. In a December 5, 2013 progress note, the applicant reported persistent complaints of low back pain, moderate to severe. The applicant had developed derivative complaints of depression and anxiety, it was acknowledged. Ancillary complaints of knee and shoulder pain were noted. The applicant's medication list included Neurontin, Norflex, Ambien, Motrin, Norco, Butrans, and Neurontin. The applicant reported 5/10 with medications versus 10/10 pain without medications. The applicant stated that she would be unable to get out of bed on a day-to-day basis and or get dressed without her medications. The applicant was placed off of work, on total temporary disability. In a progress note dated April 2, 2014, the applicant reported persistent complaints of low back pain radiating into left leg, moderate to severe, it was stated in one section of the report. The applicant was using Norflex, tizanidine, topiramate, Butrans, Relafen, Ambien, Norco, and Lidoderm, it was acknowledged. The applicant was placed off of work, on total temporary disability. It was stated, somewhat incongruously, in another section of the note, that the applicant's pain levels dropped from 9/10 without medications to 5/10 with medications. The applicant again stated that she was not working and unable to volunteer. The

applicant stated the medications gave her the energy to perform some social activity during the week. This was not elaborated or expounded upon.

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

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

#### **Tizanidine HCL 4mg 1 po qhs prn for night spasms #30: 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 Tizanidine/Zanaflex Page(s): 66, 7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant continues to report complaints of low back pain, moderate severe. The applicant's comments to the effect that she would be unable to get up out of bed without her medications does not constitute a substantial benefit achieved through ongoing usage of tizanidine. Ongoing usage of tizanidine, furthermore, has failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

#### **Orphenadrine citrate 100mg 1 tab po bid in morning and evening prn #60: 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 Function Restoration Approach to Chronic Pain Management Tizanidine/Zanaflex Page(s): 7, 66.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Norflex, thus, is not recommended for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being employed here. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that it is incumbent on the prescribing provider to incorporate applicant-specific variables such as "other medications" into his choice of recommendations. In this case, the attending provider has not furnished a compelling rationale for provision and/or ongoing usage of two separate muscle relaxants, tizanidine and Norflex. Therefore, the request is not medically necessary.

**Norco 10mg-325mg 1-2 po tid #150:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain in the moderate-to-severe range, despite ongoing usage of Norco. While some of the attending provider's progress notes document some reduction in pain scores achieved through ongoing Norco usage, the reporting is, at best, incongruous, as other sections of the same notes also note pain consistently rated in the 9/10 range. The applicant is having difficulty performing activities of daily as basic as standing and walking, it has been suggested on several occasions, referenced above. The applicant's commentary to the effect that she would be unable to get up out of bed without her medications does not, furthermore, constitute meaningful improvement achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**Topiramate 50mg 1 tablet po 2x a day #30:** 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 Tizanidine/Zanaflex Page(s): 66, 7.

**Decision rationale:** While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate can be employed for neuropathic pain when other anticonvulsants fail, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of topiramate has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant is still experiencing difficulty performing even basic activities of daily living, it has been suggested on several occasions, referenced above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of topiramate. Therefore, the request is not medically necessary.