

<b>Case Number:</b>	CM14-0078416		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Physical Medicine and 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:

The injured worker is a 50-year-old male who reported an injury on 02/03/2012 due to continuous trauma. The injured worker has diagnoses of cervical discopathy, radiculopathy of the cervical spine, impingement syndrome bilaterally to the shoulders and status post previous successful cervical epidural. The injured worker's past treatments include acupuncture, physical therapy, use of a cervical home exercise rehab kit, a lumbar home exercise rehab kit, a lumbar traction machine, a cervical traction machine, ESI injections and medication therapy. Diagnostics include a cervical spine MRI done on 06/11/2012 that showed C3-4 disc desiccation and disc protrusion at C5-6 and C6-7. An MRI of the lumbar spine showed severe disc degeneration at L5-S1 with 2.5 mm disc protrusions. The injured worker complained of neck pain with headaches, low back and bilateral hip pain. He stated that the pain was constant, aching and located in the bilateral cervical muscles going down the right arm to the right ring and little fingers. The injured worker also reported that the headaches started in the base of the neck and went up around the eyes to the occiput. The injured worker rated his neck and low back pain at a 5/10 and his right shoulder pain at a 6/10. Physical examination dated 06/13/2014 revealed that the injured worker had tenderness over the facets bilaterally in the bilateral parasagittal muscles and trapezius muscles. The injured worker's abduction bilaterally was 135 degrees. His muscle strength was 5/5. The injured worker was able to flex to 12 inches from the ground with low back pain. The injured worker was able to extend to 20 degrees. It was noted that the back was painful to palpation at the lumbosacral joint. His sensation was intact to light touch and decreased in the region over the right ring and little fingers. The injured worker's medications include Percocet 10/325 and Zanaflex. There was no duration or frequency noted in the progress notes. The treatment plan for the injured worker consists of an additional cervical and lumbar epidural since in the past the injured worker had some relief. The injured worker is

to continue using his machines at home and continue with acupuncture. Also, the injured worker will continue with the use of oxycodone/APAP and tizanidine. The rationale and Request for Authorization form were not submitted for review.

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

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

**Oxycodone/APAP 10/325mg, #120:** 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 Opioids Page(s): 78, 80 and 92.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked. The submitted reports also failed to show efficacy of the use of oxycodone/APAP. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker might have had. The submitted report did not show that the injured worker was compliant with drug screens. Furthermore, it was noted that the injured worker had been taking oxycodone/APAP since at least 03/13/13 and long term opioid use is not recommended. Given the above, and that the request for oxycodone lacked a frequency and duration the request is non-certified.

**Tizanidine 4mg, #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 Muscle relaxants (Tizanidine) Page(s): 63, 64, 66.

**Decision rationale:** The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. 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. Given the above, the request is not within the MTUS Guidelines. There was no assessment regarding functional improvement as a result of the medication (tizanidine). There was no evidence of the injured worker having trialed and failed any first line treatment therapy. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication (tizanidine) had been used since about 03/13/2013, but as per guidelines tizanidine is not recommended for long term use. Plus the efficacy of the medication is diminished over time. Furthermore, the request for the use of tizanidine did not include a frequency or duration and is not supported by the MTUS Guideline recommendations. As such, the request for tizanidine 4mg, #60 is non-certified.