

<b>Case Number:</b>	CM14-0098354		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 60-year-old male who reported an injury 10/17/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 05/29/2014 indicated diagnoses of cervical discogenic disease, cervical radiculitis, and status post bilateral carpal tunnel release, cervical facet syndrome and disorder of bursae and tendons in shoulder region. The injured worker reported neck pain described as sharp burning, aching, that radiated into both upper extremities with left much worse than right. The injured worker reported the pain was unrelenting. The injured worker reported he had spasms in both shoulders, pain medication was helpful in reducing the pain and allowed him to function. The injured worker reported without it he would not be able to get out of bed. The injured worker reported dropping things out of both hands and turning head side to side and looking up and down aggravated the pain. The injured worker reported he had 4 to 5 occipital headaches per week associated with the neck pain. The injured worker reported his sleep was impaired on a nightly basis and he had difficulty finding a comfortable position. The injured worker reported popping noise with movement of the shoulder and he reported movement was quite limited in the left shoulder. The injured worker rated his pain level 8/10. On physical examination range of motion of the cervical spine was painful and restricted to 40% of normal in both AP and lateral planes. The injured worker's lateral rotation was minimal. The injured worker had tenderness palpated along the ZA joints of the upper cervical spine bilaterally and movement of the left shoulder was restricted in all planes and painful. The injured worker had tenderness palpated along the anterior portion of the shoulder and scapular region with adduction and abduction reduced. The injured worker's grip strength was decreased in both hands. The injured worker treatment plan included continued medications or cervical MRI. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker medication regimen included Kadian,

oxycodone, and Zanaflex. The provider submitted a request for Kadian, oxycodone, and Zanaflex. A Request for Authorization was not provided for review to include the date the treatment was requested.

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

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

**Oxycodone 30 mg ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79, 86-87, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported pain of 8/10 and continues to report significant pain. There is no indication that the use of oxycodone has resulted in diminished pain levels or functional improvement. In addition, there was lack of significant evidence of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency. Therefore, the request for Oxycodone 30 mg ninety count is not medically necessary or appropriate.

**Zanaflex 4 mg ninety count:** 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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The injured worker reports a pain level of 8/10 and still reports increased pain. There is no indication that the use of Zanaflex has resulted in diminished pain levels or functional improvement. In addition it was not indicated how long the injured worker has utilized the Zanaflex. Furthermore, the request for Zanaflex does not indicate a frequency. Therefore, the request for Zanaflex 4 mg ninety count is not medically necessary or appropriate.

**Kadian 60 mg sixty count:** 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, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported pain of 8/10 and continues to report significant pain. There is no indication that the use of Kadian has resulted in diminished pain levels or functional improvement. In addition, there was lack of significant evidence of the injured worker's pain level, evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency. Therefore, the request for Kadian 60 mg sixty count is not medically necessary or appropriate.