

<b>Case Number:</b>	CM14-0172352		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 49-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 29, 2008. In a utilization review report dated October 10, 2014, the claims administrator failed to approve a request for Norco, Soma, and tizanidine. The claims administrator did apparently issue partial approvals for weaning purposes in some cases. A progress note of September 4, 2014 and associated RFA form of September 25, 2014 were referenced in the determination. In said September 4, 2014 progress note, the applicant reported persistent complaints of low back and right body pain. The applicant also had issues with tinnitus, vertigo, and dizziness, it was noted. The applicant was off of work and was "currently disabled," the treating provider acknowledged. The applicant was given refills of Norco, Neurontin, and Soma. No clear discussion of medication efficacy transpired. The applicant reported that certain movements were problematic and were provoking symptoms of dizziness. A pain management referral was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 # 180, five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 1. No, the request for hydrocodone - acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was/is off of work, it was acknowledged. The applicant was receiving both Workers' Compensation Indemnity and Disability Insurance benefits, it was acknowledged on September 4, 2014. On that date, the attending provider simply renewed Norco, without any explicit discussion of medication efficacy. The attending provider, in short, has failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**Soma 350 mg # 270 with three refills (90 day supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350TM, Vanadom, generic available): Page(s): Chronic Pain Medic.

**Decision rationale:** 2. Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for long-term usage, for greater than two to three weeks. Here, the 270-tablet supply of carisoprodol with three refills, in and of itself, represents usage in excess of MTUS parameters. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against concurrent usage of Soma and opioid agents. Here, the applicant is concurrently using Norco, an opioid agent. Concurrent usage of carisoprodol (Soma) is not indicated. Therefore, the request was not medically necessary.

**Tizanidine 4 mg # 60 with five refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) Page(s): Chronic.

**Decision rationale:** 3. Finally, the request for tizanidine, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved for the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, 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. Here, however, the applicant was/is off of work. The applicant was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits, it was acknowledged on the September 4, 2014 office visit on which tizanidine was renewed. On that date, the applicant was off of work, the treating provider acknowledged, and was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits. The attending provider, furthermore, has failed to outline any meaningful or material improvements in function effected as a result of ongoing tizanidine usage (if any). The ongoing usage of tizanidine, furthermore, has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.