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| <b>Case Number:</b>   | CM14-0184471 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 05/15/2006 |
| <b>Decision Date:</b> | 01/02/2015   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2014 |

### 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 Internal 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:

This 41 year old female continues to complain of diffuse thoracic back pain, low back pain along, with right lower extremity and bilateral knee pain following a reported work injury on 5/15/2006. Diagnoses include chronic pain syndrome; opiate tolerance; obesity; anxiety, depression and insomnia; post-laminectomy syndrome; generalized anxiety disorder; depressive disorder; lumbago; sleep disturbance; and skin sensation disturbance. Treatments have included consultations, diagnostic studies, injection therapy, lumbar surgeries, acupuncture therapy, and medication management. As of the 12/13/2013 Progress notes the pain was described as an aching/burning sensation, exacerbated by periods of increased activity, partially relieved by analgesic medications and injections, and exacerbated by lack of these treatments. Objective assessment findings note an appropriate gait for the level of functioning, no neurological weakness or instability, and that the injured worker (IW) reported experiencing frustration due to the persistent pain. The treatment plan included resuming 10 pain, neurological, gastrointestinal, and psychotropic medications. The 9/5/2014 Progress notes show no significant change in complaints of pain but expresses concerns of her upcoming requested outpatient detoxification program that started after the 8/29/2014 visit. No significant changes in objective assessment findings are noted. It is noted that in order to avoid the Emergency Department (ED), the physician dispensed short-term prescriptions for Zofran and Flexeril to help with nausea and spasms. It is noted that if these were denied that she would be referred to the ED and an inpatient stay for all other symptomatic issues. No prescriptions were noted given at this visit. The last visit that provided subscriptions was noted to be on 8/19/2014 and they included: MS Contin 200mg #40, MS Contin 200mg #60, Oxycodone Hcl 30mg # 38, Oxycodone Hcl #180, Wellbutrin XL, Zanaflex, Lidoderm 5% patch, and Lyrica. The 9/23/2014 Progress notes show no significant change in complaints or objective assessment findings. It is noted that the IW

received her last acupuncture/TENS treatment this day, then requested and received a Toradol and Vitamin B6 and B12 injection for her neuropathic pain, under chronic pain syndrome, as a way to avoid her going to the ED seeking help. No prescriptions were noted given at this visit. The 9/26/2014 Progress notes reveal no significant change in complaints of her normal pain, but notes that she was crying throughout the visit. Documentation indicated that the IW had been on a detoxification program, from her opiates, for which she stated the program was not working, and stated her boyfriend was supportive to her going back on opiates for pain. The IW was noted to be in a lot of pain, and tearfully stated she "felt lost and doesn't know what to do". No other changes in assessment findings were noted. It was noted that the IW was educated on long term opiate therapy, had signed the agreed contract with the office, that urine drug screens proved her to be compliant with her prescribed pain management medications, and that she had not experienced any serious undue adverse side effects or aberrant drug behaviors. The medication regimen at this time included: Wellbutrin XL, Lidoderm 5%/700mg patch, Lyrica, Zofran, Suboxone, Butrans, Tizanidine Hcl, Ambien and Xenical. As chronic pain syndrome being her underlying issue, the treatment plan included an uncertainty as to the next best option to help this IW, in light of failing detoxification, and that if her follow-up appointment with the surgeon noted no need for further surgery, that the IW be referred to a functional restoration program (HELLP), and to be given an Agreed Medical Examination (AME) to determine eligibility for going back on a reasonable dose of opiates, as well as the ceiling dose. Thorough detoxification and withdrawal conversations were noted to have taken place, to include a change in detoxification medications using the COWS method, as the IW was not doing well; her mood was stated to be stable and she denied any desire to harm herself or others. A prescription for Suboxone 8 mg is noted. No medical records for 10/10/2014 were available for my review. These records were cited as being used in the Utilization Review decision of 10/30/2014, that non-certified, for medical necessity, the request for Zofran 4mg, #10 with 1 refill and Tizanidine Hcl 4mg, #60 with 2 refills.

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

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

**Zofran 4mg #10 with 1 refill:** 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), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zofran

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zofran 4 mg #10 refill times one is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation therapy. It is also FDA approved for post-operative use and gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opiate abuse. In this case, the injured worker is being treated for post laminectomy syndrome of lumbar region, pain and thoracic spine, chronic pain syndrome, drug dependence, not otherwise

specified, obesity, not otherwise specified, generalized anxiety disorder, lumbago and sleep disturbance. The medication instructions state Zofran ODT 8 mg one tablet TID with morphine. Zofran, as noted above, is not approved for nausea and vomiting secondary to chronic opiate use. Consequently, Zofran 4 mg refill times one is not medically necessary.

**Tizanidine Hcl 4mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #60 with two refills is not medically necessary. 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 40 years old with a date of injury May 15, 2006. In a progress note dated December 13, 2013, a list of current medications included Tizanidine (Zanaflex) 4 mg 1/2 to 1 tablet QHS prn. Tizanidine is indicated for short-term (less than two weeks) use. There are no compelling clinical facts in the medical record support the ongoing use of Tizanidine for well over one year. Additionally, it is unclear how long Tizanidine was being used by the injured worker prior to that date. Consequently, Tizanidine 4 mg #60 with two refills is not medically necessary.