

<b>Case Number:</b>	CM14-0187343		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 31 year-old female, who sustained an injury on June 3, 2011. The mechanism of injury is not noted. Diagnostics have included: February 20, 2012 lumbar MRI reported as showing mild disc bulges at L4-S1. Treatments have included medications. The current diagnoses are cervical radiculopathy, lumbar radiculopathy, dyspepsia, and right sacroiliitis. The stated purpose of the request for Hydrocodone Bit/APAP 10/325mg #90 was for pain. The request for Hydrocodone Bit/APAP 10/325mg #90 was denied on October 13, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Exalgo ER 8mg #30 was not noted. The request for Exalgo ER 8mg #30 was denied on October 13, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Tizanidine 2mg #60 was for muscle spasm. The request for Tizanidine 2mg #60 was denied on October 13, 2014, citing a lack of guideline support for long-term use of muscle relaxants. The stated purpose of the request for cervical injection (unspecified) was not noted. The request for cervical injection (unspecified) was denied on October 13, 2014, citing a lack of documentation of specific details of the requested injection. Per the report dated September 16, 2014, the treating physician noted complaints of pain to the neck with radiation down the right upper extremity, low back with radiation to both feet, as well an ongoing occipital migraine headaches. Exam findings included cervical spasm and tenderness, restricted lumbar range of motion, decreased L4-S1 dermatomal muscle strength and sensation with positive bilateral straight leg raising tests. The treating physician has documented slow weaning of Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Bit/APAP 10/325mg #90 (take 1 tablet TID PRN pain): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Hydrocodone Bit/APAP 10/325mg #90 (take 1 tablet TID PRN pain) is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck with radiation down the right upper extremity, low back with radiation to both feet, and ongoing occipital migraine headaches. The treating physician has documented cervical spasm and tenderness, restricted lumbar range of motion, decreased L4-S1 dermatomal muscle strength and sensation with positive bilateral straight leg raising tests. This medication has been used since at least March 2014. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met. Therefore, Hydrocodone Bit/APAP 10/325mg #90 (take 1 tablet TID PRN pain) is not medically necessary.

**Exalgo ER 8mg Tablet #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Exalgo ER 8mg #30 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck with radiation down the right upper extremity, low back with radiation to both feet, and ongoing occipital migraine headaches. The treating physician has documented cervical spasm and tenderness, restricted lumbar range of motion, decreased L4-S1 dermatomal muscle strength and sensation with positive bilateral straight leg raising tests. This medication has been used since at least March 2014. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance

including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met. Therefore, Exalgo ER 8mg tablet #30 is not medically necessary.

**Tizanidine 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The requested Tizanidine 2mg #60 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck with radiation down the right upper extremity, low back with radiation to both feet, and ongoing occipital migraine headaches. The treating physician has documented cervical spasm and tenderness, restricted lumbar range of motion, decreased L4-S1 dermatomal muscle strength and sensation with positive bilateral straight leg raising tests. This medication has been used since at least March 2014. The treating physician has not documented NSAID treatment or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met. Therefore, Tizanidine 2mg #60 is not medically necessary.

**Cervical Injection (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**Decision rationale:** The requested cervical injection (unspecified) is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines, page 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has pain to the neck with radiation down the right upper extremity, low back with radiation to both feet, and ongoing occipital migraine headaches. The treating physician has documented cervical spasm and tenderness, restricted lumbar range of motion, decreased L4-S1 dermatomal muscle strength and sensation with positive bilateral straight leg raising tests. The treating physician has not documented specific details of the requested injection. The criteria noted above not having been met, cervical injection (unspecified) is not medically necessary.