

<b>Case Number:</b>	CM14-0187389		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/29/2014
<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 Neurology 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 (IW) is a 75 year-old female who reports a date of injury as 1/8/2001. The mechanism of injury is not provided in the documentation. The nature of the injury is reported as lower back pain and right hip pain, which have persisted since a unilateral laminectomy at L3-4 in April of 2001; additionally, a hemilaminectomy at L2-3, bilateral laminectomy at L3-4, and a partial bilateral laminectomy at L4-5 were performed in January 2007. Clinical findings noted in Primary Treating Physician's (PTP) Physician Progress Reports provided for this review are limited in detail but state that the patient suffers ongoing tenderness of the lumbar paraspinal muscles and right hip pain. The most recent report (dated 10/9/2014) noted range of motion as limited to 30 degrees on flexion and 5 degrees on extension, and no antalgic gait or limp observed. Reports list that an MRI of 2008 did not show recurrent residual disk; MRI of 10/2011 shows multilevel decompressive surgeries with left paracentral extensive epidural fibrosis at L2-L3 with apparent recurrent disk, a right paracentral extensive epidural fibrosis with no apparent residual re-herniation at L3-L4, and a possible paracentral protrusion over the left at L3-L4. Extensive decompressions from L2-L4 are reported, and there is scoliosis with multilevel foraminal stenosis on left L4-L5 and the right L3-L4 and L2-L3. An X-ray of the right hip and pelvis on 5/23/2011 indicates mild osteoarthritis of the right hip. The IW is being treated for hypothyroidism, rheumatoid arthritis and high blood pressure through a separate, Primary Care Provider. (All diagnostics are as reported in PTP progress reports; no original imaging reports were included for review.) Records indicate that the IW has been receiving opioid therapy since at least 12/26/2013 (Norco 10/325 mg four times daily); Tizanidine has been utilized for continued treatment of the IW's low back myofascial complaints since 4/23/2014, being dispensed by the PTP as reported in the progress report of that date. A two-month trial of Tramadol initiated on 2/20/2014 (according to PTP report of that date) was reported as

unsuccessful. Relafen was also tried and discontinued by the patient although the reasons for her discontinuation were not given. It is reported that epidural steroid injections have been ineffective but previous trochanteric injections in the PTP's office have provided some hip pain relief (report dated 6/19/2014). It is also reported that the IW is taking gabapentin for radicular pain to her right hip. A retrospective Request for Authorization (RFA) for Norco 10/325 mg, quantity 240 and Zanaflex 4 mg quantity 120 as dispensed by the PTP on 10/9/2014 was modified to quantities 120 and 60, respectively, in a Utilization Review dated 10/21/2014, where the Reviewer cited a lack of documentation to substantiate functional improvement, monitoring of adverse effects, and proper opiate-use compliance as recommended by MTUS Guidelines to continue the use of these requested medications. For this review, it is noted that additional documentation has been submitted. A PTP Progress report dated 12/26/2013 notes that a random Urine Drug Screen (UDS) obtained on 10/31/2013 is reported as "consistent." Another UDS on 4/23/2014 is also reported as consistent. The 12/26/2013 report notes that the IW states that pain is on average 6 of 10 (on a 1 - 10 scale), with 9 as greatest (without medications) and 4 when utilizing medications. The IW reports that medication provides relief within 30 minutes of dosing and lasts up to 5 - 6 hours in duration. A report dated 8/14/2014 states similar subjective findings, and these reports are consistent to note that the IW has been able to perform tasks related not only to her own healthcare and daily routines but those of caring for her then-ailing spouse, for whom she was the primary care-taker. (Records indicate that he passed in July, 2014.) Additionally, records are consistent to state that the IW does not report any adverse side-effects from the medications.

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

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

**RETRO: Norco 10/325mg Quantity requested : 240 DOS 10/09/14, TRK#:E10137475:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids; Norco Page(s): 8-9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Norco is an immediate-acting opioid (hydrocodone) combined with an analgesic (acetaminophen) with a maximum recommended dose of 60 mg hydrocodone/24 hours where the acetaminophen should not exceed 4 g/24 hours. The MTUS Guidelines indicate that opioid therapy is suggested for neuropathic pain that is not responsive to first-line recommendations, such as antidepressants or anticonvulsants. Opioid use appears to be efficacious but limited for short-term pain relief, and its indications for long-term efficacy is still unclear (i.e., use exceeding 16 weeks) and appears limited (Opioids, pp. 74-96). The documentation provided for this review does not provide a history indicating when opioid therapy was initiated nor the failures of first-line medications which might have necessitated the current opioid pain treatment plan. It is clear, however, that opioid-use dates back to at least the UDS reported on 10/31/2013. (The provider would be well-advised to provide such history with any further requests for continued opioid authorization.) Nevertheless, the additional

documentation provided for this review would seem to satisfy the essential criteria outlined in the MTUS Guidelines for the On-Going Management and Long-term use of opioid for chronic pain, in particular, the four domains relevant for opioid-use assessment (p. 78): side effects (the records indicate that the patient reports none), pain relief (the patient reports cognizance of dosing pain-relief, its on-set, its duration, and its effect -- with consistency), physical and psychosocial functioning (the patient reports ability to care for herself and serve as primary care-taker for another, with added ability to enjoy her family and grandchildren while seeking activities to occupy her time, as reported in the notes), and aberrant drug-taking behaviors/drug treatment compliance (the reports indicate that the patient has been consistent with therapy as indicated on random UDS reports). Further, the records do not indicate an escalation of dose in the past 12 months of dosing, which might have otherwise indicated a sensitization or tolerance to the opioid. The MTUS further indicates that opioid use may continue if the patient has returned to work and the patient reports improved functioning and pain (Criteria for use of opioids, When to continue opioids, p. 78). It is apparent that this criteria has been met for the purpose of this review, and the requested Norco 10/325 mg quantity 240 is medically substantiated at this time.

**RETRO: Zanaflex 4mg Quantitiy requested: 120.00 DOS: 10/09/14, TRK#:E10137475): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines muscle relaxants; Page(s): 8-9.

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

**Decision rationale:** Zanaflex is a centrally-acting alpha2-adrenergic agonist for which one study showed a significant decrease in pain associated with myofascial pain syndrome, which would seem to make it an appropriate choice for initial treatment of this IW's myofascial low back complaints (MTUS: Muscle relaxants, Tizanidine, p. 66). The records indicate that the IW has been using tizanidine (Zanaflex), a muscle relaxant, with reported effect since 4/23/2014, and that its continued use was requested in the RFA submitted 10/19/2014. This time-frame would indicate that Zanaflex 4 mg used twice daily has been utilized for nearly six months' time. According to the MTUS (p. 63), such muscle relaxants may be recommended with caution for the short-term treatment of acute exacerbations in those with chronic low back pain, but that efficacy may appear to diminish over time, with prolonged use of some of these medications leading to dependence. As use of this medication has exceeded what may be considered short-term and has become "chronic" as indicated by its continual dispensing (from Aril to October, 2014), its continued use as requested is not medically recommended at this time.