

<b>Case Number:</b>	CM14-0194226		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/04/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with an injury date of 02/04/07. Based on the 07/29/14 progress report provided by treating physician, the patient complains of lumbar spine pain rated 6-8/10 that radiates down both legs. Physical examination of the lumbar spine revealed muscle spasm and tenderness to palpation L3-5, right greater than left. Range of motion was reduced, especially on extension 10 degrees, straight leg raise test positive on the right. Patient's medications include Tylenol #4, Tizanidine, Gabapentin and Omeprazole, which have been prescribed in progress reports dated 03/15/14 and 11/19/14. Tylenol #4 brings pain down to 4/10. Patient is able to do more chores. Tizanidine helps relieve patient's back muscles. Gabapentin is prescribed to help patient's neuropathic pain. Patient is to continue lumbar core exercise and remain active. Patient is not working. Progress reports submitted were handwritten and mostly illegible. Diagnosis 07/29/14:- lumbar spine sprain/strain- disc herniation, lumbar stenosis- right lumbosacral radiculopathy- gastritis. Diagnosis 11/19/14- lumbar disc disease- gastritis- constipation. The utilization review determination being challenged is dated 10/31/14. The rationale follows: 1) Tylenol #4: "certified with modification to 1 prescription of Tylenol #4, #30; the remaining 30 pills are non-certified. A weaning program should continue." 2) Tizanidine: patient has been taking Tizanidine since at least 2012 with no evidence of improvement. 3) Gabapentin: lack of significant improvement with prior long-term use. Treatment reports were provided from 01/31/13 - 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Medication For Chronic Page(s): 88 and 89, 78 60-61.

**Decision rationale:** The patient presents with lumbar spine pain rated 6-8/10 that radiates down both legs. The request is for Tylenol #4, #60. Patient's diagnosis dated 07/29/14 included lumbar spine sprain/strain; disc herniation, lumbar stenosis; and right lumbosacral radiculopathy. Patient's medications include Tylenol #4, Tizanidine, Gabapentin and Omeprazole, which have been prescribed in progress reports dated 03/15/14 and 11/19/14. Tylenol #4 brings pain down to 4/10. Patient is able to do more chores. Patient is to continue lumbar core exercise and remain active. Patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been taking Tylenol #4 at least from provider report dated 03/15/14. In this case, in addressing the 4A's, provider has documented analgesia with proper pain scales showing functional improvement. Regarding ADL's, it is stated in progress report dated 07/29/14 that "patient is able to do more chores." However, provider does not provide discussions regarding aberrant behavior, and adverse effects and no other ADL's/work status are mentioned to determine significant improvement due to the use of opiate. Urine drug screen results have not been provided nor discussed in review of medical records. There is insufficient documentation of the 4A's, as required by MTUS. Therefore the request is not medically necessary.

**Tizanidine 4mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Antispasticity/Antispasmodic Drugs: Tizanidine Zanaflex, Medication f.

**Decision rationale:** The patient presents with lumbar spine pain rated 6-8/10 that radiates down both legs. The request is for Tizanidine 4MG, #60. Patient's diagnosis dated 07/29/14 included lumbar spine sprain/strain; disc herniation, lumbar stenosis; and right lumbosacral radiculopathy. Patient's medications include Tylenol #4, Tizanidine, Gabapentin and Omeprazole, which have been prescribed in progress reports dated 03/15/14 and 11/19/14. Patient is to continue lumbar core exercise and remain active. Patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66:" anti-spasticity/antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is

FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 10/31/14 states "...patient has been taking Tizanidine since at least 2012 with no evidence of improvement." Per progress report dated 07/29/14, provider states that "Tizanidine helps relieve patient's back muscles." Prescribed with Tylenol #4, pain is brought down to 4/10 allowing patient to do more chores. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain and documented some improvement with Tizanidine, the request is medically appropriate.

**Gabapentin 300mg, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Neurontin, Gabarone, Medication for Chronic Pain Page(s): 18, 19 60.

**Decision rationale:** The patient presents with lumbar spine pain rated 6-8/10 that radiates down both legs. The request is for Gabapentin 300mg #60. Patient's diagnosis dated 07/29/14 included lumbar spine sprain/strain; disc herniation, lumbar stenosis; and right lumbosacral radiculopathy. Patient's medications include Tylenol #4, Tizanidine, Gabapentin and Omeprazole, which have been prescribed in progress reports dated 03/15/14 and 11/19/14. Tylenol #4 brings pain down to 4/10. Patient is able to do more chores. Patient is to continue lumbar core exercise and remain active. Patient is not working. MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. UR letter dated 10/31/14 states, "lack of significant improvement with prior long-term use." Per progress report dated 07/29/14, Gabapentin is prescribed to help patient's neuropathic pain. Prescribed with Tylenol #4, pain is brought down to 4/10 allowing patient to do more chores. Patient presents with diagnosis of lumbosacral radiculopathy. Provider has documented that Gabapentin helps patient and medication is indicated by MTUS. The request is medically necessary.