

<b>Case Number:</b>	CM14-0194455		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 61 year old female with date of injury 3/8/2000. The mechanism of injury is not stated in the available medical records. The patient has complained of neck and low back pain since the date of injury. She has been treated with physical therapy, chiropractic therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical and lumbar spines. Diagnoses: cervical spine degenerative disc disease, lumbar spine degenerative disc disease. Treatment plan and request: Percocet, Oxycodone, Zanaflex, Tizanidine, Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89..

**Decision rationale:** This 61 year old female has complained of neck and low back pain since date of injury 3/8/2000. She has been treated with physical therapy, chiropractic therapy and medications to include opioids since at least 04/2014. The current request is for Percocet. No

treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

**Oxycodone 120mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 61 year old female has complained of neck and low back pain since date of injury 3/8/2000. She has been treated with physical therapy, chiropractic therapy and medications to include opioids since at least 04/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

**Zanaflex 4mg #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): 41.

**Decision rationale:** This 61 year old female has complained of neck and low back pain since date of injury 3/8/2000. She has been treated with physical therapy, chiropractic therapy and medications to include muscle relaxants since at least 05/2014. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient far exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.

**Tizanidine:** 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): 41.

**Decision rationale:** This 61 year old female has complained of neck and low back pain since date of injury 3/8/2000. She has been treated with physical therapy, chiropractic therapy and medications to include muscle relaxants since at least 05/2014. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not indicated as medically necessary.

**Ibuprofen 800mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 61 year old female has complained of neck and low back pain since date of injury 3/8/2000. She has been treated with physical therapy, chiropractic therapy and medications to include NSAIDS since at least 05/2014 the current request is for ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not indicated as medically necessary in this patient.