

<b>Case Number:</b>	CM14-0200049		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/12/1992
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice 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 sustained a work related injury on March 12, 1992. The exact mechanism of the work related injury was not included in the documentation provided. A MRI of the cervical spine dated August 2, 2012, was noted to show mild degenerative and spondylotic changes greatest at C5-C6, minimal to mild degenerative canal stenosis at C5-C6, C3-C4, and C4-C5, mild degenerative foraminal stenosis on the left at C3-C4 and bilaterally at C5-C6, and upper cervical straightening. The Primary Treating Physician's report dated October 20, 2014, was noted to show the injured worker presenting for follow-up of the work related injury to the neck, low back, and right leg. The injured worker complained of persistent low back and right leg pain. Physical examination was noted to show lumbar tenderness to palpation about the paraspinal muscles, with mild spasm present, and limited range of motion. The diagnoses were listed as right shoulder pain following arthroscopy January 11, 2011, status post lumbar fusion October 2003, periodontal disease, and multilevel cervical desiccation and bulging with stenosis. The document provided did not include surgical reports from the previous surgeries. The injured worker was noted to have a chronic condition and be permanent and stationary. The Physician requested authorization for Norco 10/325mg one by mouth every six hours as needed #90 with three refills, Neurontin 600mg one by mouth three times a day as needed #90, Tizanidine 4mg one by mouth twice a day as needed #60, and Ultram 50mg one by mouth every six hours as needed #90 with three refills. The claimant had been on the above medications since at least March 2014. On October 27, 2014, Utilization Review evaluated the requests for Norco 10/325mg one by mouth every six hours as needed #90 with three refills, Neurontin 600mg one by mouth three times a day as needed #90, Tizanidine 4mg one by mouth twice a day as needed #60, and Ultram 50mg one by mouth every six hours as needed #90 with three refills, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the clinical

information submitted for review failed to meet the evidence based guidelines for the requested services, with a lack of objective findings noting pain relief with use of the VAS pain scale reporting the level of the injured worker's pain after taking pain medication. The UR Physician noted appropriate medication use and side effects were not noted for the injured worker in the submitted clinical documentation, including drug screening in order to evaluate the efficacy of the pain medications. Therefore, the UR Physician noted the continued use of Ultram and Norco would not be supported. The UR Physician noted there were no subjective or objective findings of neuropathic pain or findings of pain relief with the use of Neurontin, therefore the continued use of Neurontin was not supported. The UR Physician noted there were no objective functional improvements reported for the injured worker due to the use of Tizanidine, therefore the continued use was not supported. The UR Physician noted partial certification for the Ultram 50mg one by mouth every six hours as needed #45 with no refills, and for Norco 10/325mg one by mouth every six hours as needed #45 with no refills, for weaning purposes and/or submission of supported documentation. The decisions were subsequently appealed to Independent Medical Review.

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

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

**Norco 10/325mg #90 refills 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several months with continued pain and reduced function. The continued use of Norco is not medically necessary.

**Neurontin 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 16-19, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines, Gabapentin (Neurontin) 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. In this case, the claimant does

not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Therefore, the request for Neurontin is not medically necessary.

**Tizanidine 4mg #60:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, the request for Tizanidine is not medically necessary.

**Ultram 50mg #90 refills 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Ultram for several months. There is insufficient evidence for long-term use. In addition, the Tramadol was combined with another opioid (Norco) without justification. Therefore, the request for Ultram is not medically necessary.