

<b>Case Number:</b>	CM15-0005009		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 47 year old female, who sustained an industrial injury on 05/01/2007. The diagnoses have included right lumbar radiculopathy, lumbar facetal pain, sacroiliitis, failed back syndrome, and depression secondary, to persistent pain. Treatments to date have included lumbar fusion, Transcutaneous Electrical Nerve Stimulation Unit, stretching exercise program, and medications. Diagnostics to date have included electromyography and nerve conduction studies of the bilateral lower extremities on 02/28/2013 which showed evidence of right S1 mild to moderate radiculopathy. In a progress note dated 11/06/2014, the injured worker presented with complaints of persistent low back pain with intermittent sharp shooting and stabbing pain. The treating physician reported that current medications are helping the pain, spasms noted in the lumbar paraspinal muscles, and stiffness noted in the lumbar spine. Utilization Review determination on 12/22/2014 non-certified the request for Avinza 30mg #30, Norco 10/325mg #90, Tizanidine 4mg #30, and Zolof 100mg #30 citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment, Opioids Page(s): 75 - 77.

**Decision rationale:** MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. The injured worker complaints of chronic low back pain with some improvement in pain level. However, documentation fails to demonstrate adequate improvement in the injured worker's level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. The request for Avinza 30mg #30 is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment, Opioids Page(s): 75 - 77.

**Decision rationale:** MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented during treatment. The injured worker complaints of chronic low back pain with some improvement in pain level. However, documentation fails to demonstrate adequate improvement in the injured worker's level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, MTUS guidelines recommend assessment for the likelihood that the patient could be weaned from opioids. The request for Norco 10/325mg #90 is not medically necessary.

**Tizanidine 4mg #30:** Upheld

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

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

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Tizanidine is FDA approved

for management of spasticity and its use for low back pain is unlabeled. Although the injured worker complaints of low back pain with intermittent spasm and tightness in the lumbar spine, there is no evidence in the chart documentation of significant improvement in these symptoms with prolonged use of this medication. Furthermore, the injured worker does not report acute exacerbation of the chronic low back pain. The request for Tizanidine 4mg #30 is not medically necessary.

**Zoloft 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment, Antidepressants (for chronic pain) Page(s): 13, 16.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. The main role of Selective Serotonin Reuptake Inhibitors (SSRIs), such as Zoloft, is in addressing psychological symptoms associated with chronic pain. In addition, Selective serotonin reuptake inhibitors (SSRIs) have not been shown to be effective for low back pain. MTUS recommends that assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. According to chart documentation, the injured worker complaints of persistent symptoms of depression despite increase in the dose of Zoloft. Being that documentation fails to show evidence of significant improvement in the injured worker's physical limitations, depression, stress and anxiety, the request for Zoloft 100mg #30 is not medically necessary.