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| <b>Case Number:</b>   | CM15-0007516 |                              |            |
| <b>Date Assigned:</b> | 01/22/2015   | <b>Date of Injury:</b>       | 10/08/2011 |
| <b>Decision Date:</b> | 03/23/2015   | <b>UR Denial Date:</b>       | 12/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male who reported an injury on 10/08/2011. The mechanism of injury was not clearly provided. His diagnoses include unspecified lumbosacral neuritis, lumbar disc displacement, lumbago, lumbosacral disc degeneration and sciatica. The injured worker's past medical treatments were noted to include transforaminal epidural steroid injections and medications. On 12/16/2014, the injured worker reported some benefit from his last injection. He stated that his range of motion and level of activity had improved. He complained of continued pain in the same location, intensity and quality. He stated that his pain was not controlled at that time on his medication regimen. The injured worker was not reported with any neurological deficits. The request for tizanidine 4 mg and Norco 10/325 mg as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG AT BEDTIME #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** The request for tizanidine 4 mg at bedtime #30 is not medically necessary. According to the California MTUS Guidelines, nonsedating muscle relaxants may be recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy of use is to be managed from time, prolonged use of said medications in this class may lead to dependence. The documentation did not provide sufficient evidence of an acute flareup of symptoms, a complete and thorough pain assessment, nor significant objective functional deficits. The injured worker was indicated to initiate tizanidine in 09/2014. As such, the ongoing use of this medication is not supported by guidelines. Therefore, the request for tizanidine 4 mg at bedtime #30 is not medically necessary.

**NORCO 10/325MG ONCE-TWICE A DAY AS NEEDED FOR PAIN #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** A request for NORCO 10/325MG ONCE-TWICE A DAY AS NEEDED FOR PAIN #60. According to the California MTUS Guidelines, continuation of opioid therapy may be recommended for patients that have returned to work or as the patient has documented evidence of improved functioning and pain. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation did not provide a complete and thorough pain assessment (to include a current quantified pain, the least reported pain after period since last assessment, the intensity of pain after taking medication, and how long pain relief lasts). The documentation did not provide sufficient evidence of significant objective functional improvement or indicate the injured worker return to work. The documentation did not provide evidence of monitoring for the occurrence of potentially aberrant drug related behaviors like a urine drug screen. In the absence of documentation with sufficient evidence of significant objective functional improvement, significant objective decrease in pain, documented evidence of a urine drug screen, the request is not supported. As such, the request is not medically necessary.