

<b>Case Number:</b>	CM15-0101854		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of February 1, 2008. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for Norco, tizanidine, and Neurontin. The claims administrator seemingly referenced a progress note of May 4, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of bilateral knee and bilateral hip pain. The applicant was using Norco, Zanaflex, Protonix, Neurontin, it was stated towards the top of the report. The applicant's pain complaints were constant and severe. The applicant has difficulty performing activities of daily living as basic as standing and walking, it was reported. Multiple medications were renewed and continued, including Norco, Zanaflex, Neurontin, and Protonix. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. It was stated that Zanaflex was being employed for antispasmodic effect. There was no mentioned of the applicant's having issues with reflux, heartburn, and dyspepsia. It was not stated for what purpose or issue Protonix was being employed. On March 7, 2015, the applicant again reported multifocal complaints of hip and knee pain, unimproved. A constant severe pain was reported, exacerbated by standing and walking. The applicant was using Norco, Zanaflex, Protonix, and Neurontin. Once again, there was no mentioned that the applicant was having issues with reflux, heartburn, and/or dyspepsia. Multiple medications were renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. It was not stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In a November 25, 2014 Qualified Medical Evaluation (QME), it was acknowledged that the applicant was no longer working and was currently unemployed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 MG Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on medical-legal evaluation of November 25, 2014. Permanent work restrictions were renewed, unchanged, from visit to visit. The applicant continued to report constant, severe pain, it was suggested on multiple office visits, referenced above, including on May 4, 2015, at which point it was stated that the applicant was having difficulty performing activities of daily living as basic as standing and walking. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco (hydrocodone-acetaminophen). Therefore, the request was not medically necessary.

**Tizanidine 4 MG Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** Similarly, the request for tizanidine, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged on the medical-legal evaluation on November 25, 2014. The applicant was unemployed as of that day. Permanent work restrictions were subsequently renewed, unchanged, from visit-to-visit. Ongoing usage of tizanidine (Zanaflex) has failed to curtail the applicant's dependence on opioid agent such as Norco and failed to ameliorate the applicant's ability to stand and walk. The applicant continued to report severe pain complaints as of the May 4, 2015 progress note at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.

**Gabapentin 300 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone<sup>TM</sup>, generic available) Page(s): 19.

**Decision rationale:** Finally, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, the applicant was off of work, despite ongoing gabapentin usage. Ongoing use of gabapentin failed to curtail the applicant's dependence on opioid agent such as Norco. Ongoing usage of gabapentin failed to ameliorate the applicant's standing and walking tolerance. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.