

<b>Case Number:</b>	CM15-0105367		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: 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 injured worker is a 59 year old male, who sustained an industrial injury on 5/18/09. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical radiculopathy, lumbar facet arthropathy; lumbar radiculopathy, right shoulder pain; GERD (gastroesophageal reflux disorder); status post right shoulder surgeries; gastroesophageal reflux disorder; insomnia. Treatment to date has included urine drug screening; medications. Diagnostics included MRI right and left shoulder without contrast (9/17/09); MRI cervical and lumbar spine (10/24/11). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker presents for pain medicine follow-up visit and re-examination. She complains of neck pain that radiates to the bilateral upper extremities and is aggravated by walking and activities. She complains of low back pain that radiates to the left lower extremity aggravated by walking and activities. He has upper extremity pain in the bilateral arms, hands and shoulders that is aggravated by the same activities. The lower extremity pain is notes as bilateral. She has complains of insomnia with ongoing pain but stable with medications. The pain is rated as 7/10 with medications and 10/10 without medications. She reports chronic GERD related to medications associated with gastrointestinal upset. On examination of the lumbar spine there is a noted spam in the bilateral paraspinous musculature. Tenderness is noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain in the lumbar area. Pain is significantly increased with bending, extension and flexion. Straight leg raise at 90 degrees in a sitting position is negative bilaterally. The provider's

treatment plan included a request for authorization of: 120 tablets of Hydrocodone/Acetaminophen 10/325mg with 1 refill; 30 tablets of Pantoprazole with 1 refill and 90 tablets of Tizanidine 2mg with 1 refill.

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

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

**120 tablets of Hydrocodone/Acetaminophen 10-325mg with 1 refill: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for adherent behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. The request for 120 tablets of Hydrocodone/Acetaminophen 10-325mg with 1 refill is medically necessary.

**90 tablets of Tizanidine 2mg with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Weaning of Medications Section Page(s): 63, 66, 124.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has been taking Tizanidine for an extended period for chronic pain. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 2mg with 1 refill is not medically necessary.

**30 tablets of Pantoprazole with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Pantoprazole, are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is evidence in the available documentation that the injured worker has a history of GERD with NSAID use. In this case the use of Pantoprazole is indicated. The request for 30 tablets of Pantoprazole with 1 refill is medically necessary.