

<b>Case Number:</b>	CM15-0016328		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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, Illinois

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 47-year-old male, who sustained an industrial injury on 03/16/2000. The injured worker has been diagnosed of lumbar three to four discopathy, status post lumbar spine hardware removal, status post lumbar four to sacral one 360-degree fusion, status post revision with right sided lumbar four to five microdiscectomy, status post left and right knee arthroscopy, status post posterior lumbar fusion with pedicle screw fixation, bilateral lumbar five radiculopathy, right knee tendinosis, right knee degenerative lateral meniscal tear, and lumbar two to three disc bulge. Treatment has included the above listed surgical procedures, urine toxicology, medication regimen, magnetic resonance imaging, trigger point injections and intramuscular injections, and Synvisc injection. In a progress note dated 12/17/2014 the treating provider reports aching, burning, and stabbing pain to the low back and bilateral knees along with associated symptoms of numbness to the low back, knees, and right foot and weakness to the thigh and groin. The treating physician requested the below listed medications noting that these medications are helping. On 01/15/2015 Utilization Review modified the requested treatments of Tramadol 50mg with a quantity of 60 to Tramadol 50mg with a quantity of 15, and non-certified the requested treatments of Tizanidine 4mg with a quantity of 60 and Norco 10/325mg with a quantity of 60 all requested treatments between the dates of 12/17/2014 and 03/15/2015, noting the California Chronic Pain Medical Treatment Guidelines, May 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #60: 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): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 03/16/2000. The medical records provided indicate the diagnosis of lumbar three to four discopathy, status post lumbar spine hardware removal, status post lumbar four to sacral one 360-degree fusion, status post revision with right sided lumbar four to five microdiscectomy, status post left and right knee arthroscopy, status post posterior lumbar fusion with pedicle screw fixation, bilateral lumbar five radiculopathy, right knee tendinosis, right knee degenerative lateral meniscal tear, and lumbar two to three disc bulge. Treatments have included has included the above listed surgical procedures, urine toxicology, medication regimen, magnetic resonance imaging, trigger point injections and intramuscular injections, and Synvisc injection. The medical records provided for review do not indicate a medical necessity for 1 prescription of Tramadol 50mg #60. The MTUS does not recommend the use of Opioids for more than 70 days for treatment of chronic pain due to lack of research showing benefit beyond 70 days. Also, the MTUS recommends discontinuation of opioid use if there is no documentation of improvement in pain and function. However, the records indicate the injured worker has been taking opioids for at least one year, without overall improvement in pain and function. The injured worker has remained off work. The request is not medically necessary.

**1 prescription of Tizanidine 4mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGPain (Chronic)Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 03/16/2000. The medical records provided indicate the diagnosis of lumbar three to four discopathy, status post lumbar spine hardware removal, status post lumbar four to sacral one 360-degree fusion, status post revision with right sided lumbar four to five microdiscectomy, status post left and right knee arthroscopy, status post posterior lumbar fusion with pedicle screw fixation, bilateral lumbar five radiculopathy, right knee tendinosis, right knee degenerative lateral meniscal tear, and lumbar two to three disc bulge. Treatments have included has included the above listed surgical procedures, urine toxicology, medication regimen, magnetic resonance imaging, trigger point injections and intramuscular injections, and Synvisc injection. The medical records provided for review do not indicate a medical necessity for 1 prescription of Tizanidine 4mg #60. Tizanidine is FDA approved for management of spasticity, but has unlabeled use for low back pain. The

FDA recommends liver function monitoring at baseline, 1, 3, and 6 months due to the risk of hepatotoxicity. The records indicate the injured worker has used this medication for at least six months, and through this period, there is no evidence the injured worker is being monitored for liver function. The request is not medically necessary.

**1 prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 03/16/2000. The medical records provided indicate the diagnosis of lumbar three to four discopathy, status post lumbar spine hardware removal, status post lumbar four to sacral one 360-degree fusion, status post revision with right sided lumbar four to five microdiscectomy, status post left and right knee arthroscopy, status post posterior lumbar fusion with pedicle screw fixation, bilateral lumbar five radiculopathy, right knee tendinosis, right knee degenerative lateral meniscal tear, and lumbar two to three disc bulge. Treatments have included has included the above listed surgical procedures, urine toxicology, medication regimen, magnetic resonance imaging, trigger point injections and intramuscular injections, and Synvisc injection. The medical records provided for review do not indicate a medical necessity for 1 prescription of Norco 10/325mg #60. he MTUS does not recommend the use of Opioids for more than 70 days for treatment of chronic pain due to lack of research showing benefit beyond 70 days. Also, the MTUS recommends discontinuation of opioid use if there is no documentation of improvement in pain and function. However, the records indicate the injured worker has been taking opioids for at least one year, without overall improvement in pain and function. The injured worker has remained off work. The request is not medically necessary.