

<b>Case Number:</b>	CM15-0137960		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/17/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female patient, who sustained an industrial injury on 10/17/2000. The diagnoses include cervical and lumbar degenerative disc disease. Per the progress note dated 6/3/2015, she had complains of neck pain, low back pain and left leg pain, rated 6/10 with medications and 9/10 without medications. Physical examination showed cervical and lumbar tenderness and cervical and lumbar decreased range of motion; positive left straight leg raising test. The medications list includes prilosec, lidoderm patch, neurontin, percocet, zanaflex, oxycodone and prednisone. She has had lumbar MRI dated 4/14/12 and 9/21/2012 and cervical MRI dated 4/14/2012. Treatment to date has included therapy and medication management. The treating physician is requesting Oxycodone 10 mg #60 and Zanaflex 4 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Oxycodone 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone immediate release; Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 75-80.

**Decision rationale:** 60 tablets of Oxycodone 10mg. Oxycodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response to opioid analgesic in regards to significant objective functional improvement for this patient. The continued review of the overall situation with regard to non- opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Failure of an antidepressant for chronic pain or a lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 60 tablets of Oxycodone 10mg is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**60 tablets of Zanaflex 4mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** 60 tablets of Zanaflex 4mg. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The patient has chronic neck pain, low back pain and left leg pain. The patient has significant objective abnormalities on the musculoskeletal physical examination- cervical and lumbar tenderness and cervical and lumbar decreased range of motion; positive left straight leg raising test. Tizanidine is recommended for chronic myofascial pain. The request of 60 tablets of Zanaflex 4mg is deemed medically appropriate and necessary for this patient.