

<b>Case Number:</b>	CM15-0142975		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 59 year old female who sustained an industrial injury on 10-18-01. Her injury was sustained as a result of an assault. She was pulled down by her hair and "head butted" several times. Her initial complaints were of back and neck pain. She reports that, initially, her back was "worse" than her neck. She was seen in the emergency department, where x-rays were taken. She was given medications and sent home. Over time, the injured worker reports that her pain "worsened", indicating that it began radiating from her neck to her arms, and her back down her legs. She has undergone numerous x-rays and MRI's of her neck and lumbar spine. She has received physical therapy and chiropractic services, as well as orthopedic consultations and follow-ups. She underwent a "2-step lumbar surgery" in 2002 and a cervical spine surgery in 2009. Both surgeries provided little to no relief. She developed "psychiatric symptoms" due to chronic pain and was treated with numerous narcotic analgesics. She became dependent on the narcotics and went through inpatient detox to reduce her medication use. In June 2015, the injured worker developed altered mental status. She complained of "fogginess and confusion" and was taken to the emergency department. She reports that she "possibly took too many of her medications", indicating that she frequently cannot remember if she has taken them. Her family has taken the responsibility of handling her medications for her. She was recommended to continue her follow-up with psychiatric services. The injured worker has been treated with Prialt through an intrathecal pump. At some point, her primary treating physician was changed and the dosing of Prialt was altered, causing her to go through withdrawal symptoms. This was, ultimately corrected and the medication has provided good relief. Most recently, the injured

worker continues to complain of intermittent bilateral leg pain, which alternates between the right and left leg. Diagnoses include Chronic Pain Syndrome, Opioid Dependence, Failed Back Surgery Syndrome, Failed Neck Surgery Syndrome, Cervicalgia, Cervical Radiculopathy, Lumbar Radiculopathy, and Lumbar Disc Protrusion.

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

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

**Zanaflex 2mg qty: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** This patient presents with intermittent bilateral leg pain, which alternates between the right and left leg. The current request is for Zanaflex 2mg qty: 90. The RFA is dated 06/24/15. Treatment history included lumbar and cervical surgery in 2009, physical therapy, chiropractic treatments, detox program, medications and psychiatric services. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg. 66: "Antispasticity/Antispasmodic Drugs: 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. 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." The patient's medication regimen includes Morphine, Cymbalta, Lyrica, Topamax and Zanaflex. The patient has been prescribed Zanaflex since at least 09/10/14. Per report 01/19/15, "medications do help at times". Report 06/24/15 noted patient is feeling better since last week, "but her medications were reduced secondary to her fatigue and drowsiness". Most muscle relaxants are approved for short-term use; however, Zanaflex can be used for extended period of time. In this case, there is no documentation of decrease in pain level or increase in function with utilizing Zanaflex. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.

**Morphine 30mg qty: 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** This patient presents with intermittent bilateral leg pain, which alternates between the right and left leg. The current request is for Morphine 30mg qty: 60. The RFA is dated 06/24/15. Treatment history included lumbar and cervical surgery in 2009, LEST's, radiofrequency rhizotomy, physical therapy, chiropractic treatments, detox program, medications and psychiatric services. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient's medication regimen includes Morphine, Cymbalta, Lyrica, Topamax and Zanaflex. The patient has been utilizing Morphine since at least 01/19/15. Per report 01/19/15, "medications do help at times". Report 06/24/15 noted patient is feeling better since last week, "but her medications were reduced secondary to her fatigue and drowsiness". QME report from March 2015 states "the patient should be given the benefit of a detoxification program to reduce the significant levels of narcotic mediation she has been given for years". In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. All the 4A's have not been addressed, as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

**Urinalysis (UDT) qty: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** This patient presents with intermittent bilateral leg pain, which alternates between the right and left leg. The current request is for Urinalysis (UDT) qty: 1. The RFA is dated 06/24/15. Treatment history included lumbar and cervical surgery in 2009, physical therapy, chiropractic treatments, detox program, medications and psychiatric services. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, under Drug Testing, pg. 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year

with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." This patient has participated in an inpatient detox program in the past and continues to be on a high dose regimen of opiates. QME report from March 2015 states "the patient should be given the benefit of a detoxification program to reduce the significant levels of narcotic mediation she has been given for years". The patient has had multiple urine drug screens that have been inconsistent. The patient had inconsistent UDS in 09/19/14 and 01/19/15. Additional Urine drug screens were performed on March 2015 and May 2015. The March UDS was again inconsistent. The May UDS was not provided for my review. Given the patient's multiple inconsistent UDS, it appears that she is at moderate risk and ODG states that "Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results". Given that the patient has had 2 testing thus far in 2015, the requested confirmatory testing requested on 06/24/15 is reasonable and supported by ODG. This request is medically necessary.