

<b>Case Number:</b>	CM15-0163970		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 63-year-old female, with a reported date of injury of 05-23-2001. The mechanism of injury was the result of a slip and fall, twisting her knees. The injured worker's symptoms at the time of the injury included right knee pain. The diagnoses include lower leg joint pain, brachial neuritis and radiculitis, chronic pain due to trauma, unspecified derangement of the medial meniscus, and cervical spondylosis without myelopathy. Treatments and evaluation to date have included oral medications, ice, heat, TENS unit, and topical pain medication. The diagnostic studies to date have included an MRI of the left knee on 05-26-2015, which showed severe osteoarthritis of the medial compartment, a flap tear involving the posterior horn and body of the medial meniscus, mucoid degeneration of the left anterior cruciate ligament, left patellar tendinosis, a left popliteal cyst, and small left knee joint effusion. According to the medical report dated 03-25-2015, the injured worker underwent an MRI of the right knee on 07-23-2008 and 08-07-2012; an MRI of the left knee on 06-13-2007; an MRI of the lumbar spine on 06-11-2012; and electrodiagnostic study of the upper extremities on 05-04-2012. The medical report dated 07-06-2015 indicates that the injured complained of lumbar spine, left hip, and knee pain. The visit was considered an emergency visit. She had increasing right junction pain since 07-01-2015. The pain radiated down the right leg to the right foot, which caused occasional locking of the second medial toe. The pain would start in the lower pelvic region and then radiated superiorly to the right flank and iliac crest. This caused a sensation of right leg weakness. The low back pain was rated 8 out of 10 at the least and 10 out of 10 at the worst. The physical examination showed increased lordosis, a slight concavity to the

right, tenderness at the right pelvic brim and junction to percussion with moderate on the left, moderate spasm of the paravertebral musculature, exquisite right sciatic notch tenderness, with moderate on the left, extension and rotation to either side causing ipsilateral junction tenderness, worse on the right than left, and lumbar spine guarding and a limp to the right. It was noted that the injured worker was in need of increased medication for muscle spasms; since the Flexeril caused sedation during the day, the medication was discontinued. The injured worker was started on Tizanidine 4mg, one tablet every six hours as needed for muscle spasms. The injured worker was on permanent disability. The treating physician requested Hysingla ER (extended-release) 20mg #30 and Tizanidine 4mg #120.

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

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

**Hysingla ER 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hysingla (hydrocodone).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioids. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as hysingla (long acting hydrocodone). Therefore, the request is not medically necessary.

**Tizanidine 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such, the medical records do not support the use of zanaflex congruent with MTUS. Therefore, the request is not medically necessary.