

<b>Case Number:</b>	CM15-0182954		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	01/01/1997
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 62 year old female injured worker suffered an industrial injury on 1-1-1997. The diagnoses included chronic pain, cervical radiculitis, and lumbar radiculitis. On 8-14-2015 the treating provider reported neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the bilateral lower extremities, pain in the left shoulder, pain in both hands and right foot pain rated as 3 out of 10 with medications and 9 out of 10 without medications and unchanged since last visit per provider. The injured worker reports 60% improvement with medication in functional performance. On exam the cervical spine was tender and limited range of motion due to pain. The lumbar spine range of motion was moderately to severely limited with pain. And positive left leg straight leg raise. The provider noted the injured worker had a pain contract on file and the drug behavior was appropriate and was monitored with periodic urine drug screens. He had been using Hydrocodone, Tizanidine, and non-steroidal anti-inflammatory drugs at least since 3-2015. Prior treatments included medication. The diagnostics included left shoulder magnetic resonance imaging 1-13-2015. The Utilization Review on 9-2-2015 determined non-certification for 90 Hydrocodone-APAP 10-325mg, 90 Tizanidine 4mg, 60 Fenoprofen 400mg, and 1 MRI of the lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Hydrocodone/APAP 10-325mg: 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): Chronic pain programs, opioids.

**Decision rationale:** 90 hydrocodone/APAP 10/325mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**90 Tizanidine 4mg: 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:** 90 Tizanidine 4 mg is not medically necessary. According to the Ca MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the Tizanidine was prescribed for back pain. Tizanidine is recommended short-term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary. This request is not medically necessary.

**60 Fenoprofen 400mg: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** 60 Fenoprofen 400 mg is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

**1 MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain: Diagnostic Consideration.

**Decision rationale:** 1 MRI of the lumbar spine without contrast is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). The enrollee's symptoms remain unchanged and there is no history of new trauma. There is no indication for another MRI; therefore it is not medically necessary.