

<b>Case Number:</b>	CM15-0188701		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 29-year-old male who sustained an industrial injury on 1-22-2014. Diagnoses have included lumbar herniated nucleus pulposus, and the injured worker had an EMG December, 2014 revealing "damage of the root." An MRI 1-28-2014 is stated to have shown congenital central stenosis; L4-5 annular tear; 5 mm disc osteophyte complex; and central and right lateral recess mild stenosis. Documented treatment provided in recent medical records include right L5-S1 epidural steroid injections stated with "no benefit," physical therapy, and medication. He has been taking Norco since at least 12-2014 with stated 50 percent relief, and he reports this helps with sleep and activities such as driving and household chores he could otherwise not perform. The physician states his Norco is "the lowest dose for functional improvement" which is 5 per day, lasting 3-4 hours. He has also been treated with Zanaflex for leg and back spasms "with 50 percent benefit," and Ibuprofen with some gastric side effects, but he does not want medication for his stomach. He was taking Ultram ER with report of no relief, so this is being discontinued as of the 8-21-2015 progress note. These medications have been prescribed for at least six months. The injured worker continues to report constant "aching and sharp" low back pain radiating down the right leg to the foot. He has been experiencing numbness and tingling in his 5th toes in both feet while sitting. He stated that 70 percent of his pain is in his legs, with the worse is on the right, being aggravated with most activities. At the 8-21-2015 visit, pain was rated to range between 4 and 8 out of 10. The treating physician's plan of care includes 150 count Hydrocodone modified to 30, and Tizanidine and Ibuprofen which were denied 9-10-2015. The physician stated CURES have shown "no provider overlap" and that urine

drug screens have been "consistent with compliance." The injured worker has been off work since January of 2014.

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

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

**Hydrocodone 10/325mg, #150:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 09/21/15 progress report provided by treating physician, the patient presents with pain in the lower back at the lumbosacral junction and over the sacrum and down the right leg to the dorsum of the right foot, with numbness and tingling in the bilateral 5th toes associated with sitting. The request is for Hydrocodone 10/325MG, #150. Patient's diagnosis per Request for Authorization form dated 04/08/15, 07/08/15 and 09/30/15 includes lumbar herniated nucleus pulposus. Physical examination to the lumbar spine on 09/21/15 revealed pain to palpation at lumbosacral junction, otherwise findings were unremarkable. Treatment to date has included physical therapy, injections, imaging and electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Ultram, Tizanidine and Ibuprofen. The patient is off-work, per 09/21/15 report. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Hydrocodone (Norco) has been included in patient's medications per progress reports dated 03/20/15, 07/08/15 and 08/21/15. It is not known when this medication was initiated. Per 09/21/15 report, the patient's pain is rated 4-8/10 and treater states the patient "gets about 50% relief with the Norco. He sleeps better and is able to sit for 30 minutes with it, vs. 15 minutes w/o it. He states that with the opioids, he is able to drive to [REDACTED] and vacuum; without them, he states that he would not be able to do these tasks. There are no signs of abuse or diversion. He is on the lowest dose for functional improvement. He denies side effects, 9/21/15 CURES No provider overlap with analgesics." 05/27/15 UDS demonstrated consistent results, per 09/21/15 report. Per 08/21/15 report, "2/2/15 ORT result was 3, 2/2/15. The PHQ Test result was 6." In this case, the requesting physician has satisfied 4A's documentation requirements.

However, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Furthermore, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request is not medically necessary.

**Tizanidine 4mg, #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 09/21/15 progress report provided by treating physician, the patient presents with pain in the lower back at the lumbosacral junction and over the sacrum and down the right leg to the dorsum of the right foot, with numbness and tingling in the bilateral 5th toes associated with sitting. The request is for Tizanidine 4MG, #90. Patient's diagnosis per Request for Authorization form dated 04/08/15, 07/08/15 and 09/30/15 includes lumbar herniated nucleus pulposus. Physical examination to the lumbar spine on 09/21/15 revealed pain to palpation at lumbosacral junction, otherwise findings were unremarkable. Treatment to date has included physical therapy, injections, imaging and electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Ultram, Tizanidine and Ibuprofen. The patient is off-work, per 09/21/15 report. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Tizanidine (Zanaflex) has been included in patient's medications per progress reports dated 03/20/15, 07/08/15 and 08/21/15. It is not known when this medication was initiated. Per 08/21/15 report, the patient is "on tizanidine 2mg qd, with >50% relief of low back and right leg spasming, 2/2/15 ORT result was 3. 2/2/15 The PHQ Test result was 6." Per 09/21/15 report, the patient's pain is rated 4-8/10 and treater states the patient "is taking Zanaflex with benefit." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given documentation of benefit, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Ibuprofen 600mg, #30: 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): Anti-inflammatory medications.

**Decision rationale:** Based on the 09/21/15 progress report provided by treating physician, the patient presents with pain in the lower back at the lumbosacral junction and over the sacrum and down the right leg to the dorsum of the right foot, with numbness and tingling in the bilateral 5th toes associated with sitting. The request is for Ibuprofen 600MG, #30. Patient's diagnosis per Request for Authorization form dated 04/08/15, 07/08/15 and 09/30/15 includes lumbar herniated nucleus pulposus. Physical examination to the lumbar spine on 09/21/15 revealed pain to palpation at lumbosacral junction, otherwise findings were unremarkable. Treatment to date has included physical therapy, injections, imaging and electrodiagnostic studies, and medications. Patient's medications include Hydrocodone, Ultram, Tizanidine and Ibuprofen. The patient is off-work, per 09/21/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Ibuprofen (Motrin) has been included in patient's medications per progress reports dated 03/20/15, 07/08/15 and 08/21/15. It is not known when this medication was initiated. Per 08/21/15 report, the patient is "still taking Motrin and Tizanidine daily, I explained to him the dangers of taking it daily, but he states that he needs it. He reports GI upset with ibuprofen 800mg. He does not want Prilosec, that to 600mg, with decreased side effects." In this case, treater has not specifically discussed how Ibuprofen decreases pain and increases function. MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Furthermore, given adverse effect of this medication, continued use cannot be warranted. Therefore, the request is not medically necessary.