

<b>Case Number:</b>	CM15-0216610		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: 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:

The injured worker is a 49 year old male who sustained an industrial injury on 6-7-13. He is totally disabled. Medical records indicate that the injured worker has been treated for cervical discogenic disease at C5-6; lumbar discogenic disease; dermatological irritation; ophthalmologic irritation; ear pain. He currently (10-7-15) complains of neck pain which radiates to the left shoulder; left hand and arm pain; low back pain with spasms and pain radiating into the left leg; atrophy of hands and thumb; skin, eye and ear pain. Physical exam revealed normal vision and hearing and rash over his face from the oil spill injury has resolved; the neck had decreased range of motion, spasms bilaterally of the trapezius muscles; lumbar spine with decreased range of motion, he cannot heel or toe walk, positive leg lift on the left and right with pain in the low back on left side. Neurologically he has decreased knee reflexes of the left knee; decreased pain and touch sensation in left hand at C5, 6, 7 and decreased on the right at C7, decreased pain and touch sensation at left L3, 4, 5 nerve root dermatomes. In the 6-9-15 note his pain level was 7 out of 10. Physical exam findings were unchanged from 5-13-15 through 10-7-15. Cervical MRI showed bulging disc. Treatments to date include physical therapy and acupuncture with small benefit; cervical injections with no benefit; medication: hydrocodone (since at least 5-13-15), gabapentin, tizanidine (both since at least 6-10-15). A drug screen from 10-9-15 was positive for hydrocodone and negative for gabapentin and tizanidine. Urine drug screens dated 9-16-15 and 8-11-15 were inconsistent with prescribed medications. The request for authorization dated 10-29-15 was for hydrocodone 7.5-325mg #20; gabapentin 600mg #60; tizanidine 4 mg #60. On 10-

29-15 Utilization Review non-certified the requests for hydrocodone 7.5-325mg #20; gabapentin 600mg #60; tizanidine 4 mg #60.

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

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

#### **Hydrocodone 7.5/325mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and testosterone imbalance in men. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The ongoing utilization of Norco is not supported per the submitted documents. The request for Hydrocodone 7.5/325mg #20 is not medically necessary and appropriate.

#### **Gabapentin 600mg #60: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). In this case, while utilization of an antiepileptic agent such as gabapentin would be supported, the medical records note inconsistent urine drug screen at which time gabapentin was not detected. The most recent urine drug screen dated 10/9/15 and prior urine drug screens did not detect gabapentin. The medical records do not establish that the inconsistent results have been discussed with the patient. As such, the request for gabapentin is not supported. The request for Gabapentin 600 Mg #60 is not medically necessary and appropriate.

#### **Tizanidine 4mg, #60: 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:** Per the MTUS guidelines, 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. Tizanidine would be supported in setting of neuropathic pain due to it being an alpha 2 receptor agonist. However, the medical records note inconsistent urine drug screen at which time tizanidine was not detected. The most recent urine drug screen dated 10/9/15 and prior urine drug screens did not detect tizanidine. The medical records do not establish that the inconsistent results have been discussed with the patient. As such, the request for tizanidine is not supported. The request for Tizanidine 4 Mg, #60 is not medically necessary and appropriate.