

<b>Case Number:</b>	CM15-0218857		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	10/28/2004
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 62 year old female, who sustained an industrial injury on 10-28-04. The injured worker was diagnosed as having lumbar radiculitis and lumbar stenosis. Subjective findings (4-1-15, 8-5-15) indicated low back and lower extremity pain. The injured worker rated her pain 8 out of 10. Objective findings (4-1-15, 8-5-15) revealed a positive straight leg raise test bilaterally, tenderness on palpation at the bilateral paraspinal musculature and a decreased lordotic curve. As of the PR2 dated 10-14-15, the injured worker reports able to stand for 60 minutes and able to sleep better. Objective findings include an antalgic gait, a positive straight leg raise test on the right at 50 degrees and decreased sensation at bilateral L4-L5. Current medications include Hydrocodone (since at least 4-1-15) and Tizanidine (since at least 8-5-15). Treatment to date has included physical therapy, a right L4-L5 epidural injection on 6-17-15, an L4-L5 epidural injection on 9-23-15 with 50% relief, Tramadol and Aspirin. The Utilization Review dated 10-20-15, non-certified the request for Tizanidine 4mg #30 and modified the request for Hydrocodone 5-300mg #120 to Hydrocodone 5-300mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 5/300mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone 5/300 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and lumbar stenosis. Date of injury is October 28, 2004. Request for authorization is October 15, 2015. According to an April 1, 2015 progress note, medications include hydrocodone 5/300 mg and Zanaflex. The documentation indicates tramadol is not working. According to an October 14, 2015 progress note, the injured worker received a lumbar epidural steroid injection September 23, 2015 with excellent results (50% relief). The injured worker reduced hydrocodone 5/300mg from four tablets per day to two tablets per day. Objectively, the injured worker ambulates with an antalgic gait, has positive straight leg raising and decreased sensation L4 - L5. The documentation does not demonstrate objective functional improvement to support ongoing hydrocodone 5/300 mg. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detail pain assessment service assessments, hydrocodone 5/300 mg #120 is not medically necessary.

**Tizanidine 4mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tizanidine 4 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and lumbar stenosis. Date of

injury is October 28, 2004. Request for authorization is October 15, 2015. According to an April 1, 2015 progress note, medications include hydrocodone 5/300 mg and Zanaflex. The documentation indicates tramadol is not working. According to an October 14, 2015 progress note, the injured worker received a lumbar epidural steroid injection September 23, 2015 with excellent results (50% relief). The injured worker reduced hydrocodone 5/300mg from four tablets per day to two tablets per day. Objectively, the injured worker ambulates with an antalgic gait, has positive straight leg raising and decreased sensation L4 - L5. The documentation does not demonstrate objective functional improvement to support ongoing Tizanidine. The treating provider prescribed Tizanidine as far back as April 1, 2015. The guidelines recommend short-term treatment (less than two weeks). The treating provider continued Tizanidine in excess of six months. There is no documentation of muscle spasm. There is no documentation of acute low back pain or an acute exacerbation of low back pain. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, tizanidine 4 mg #30 is not medically necessary.