

<b>Case Number:</b>	CM15-0037717		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/20/2000
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 20, 2000. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve requests for Tylenol No. 3, Zanaflex, Ativan, and Topamax. The claims administrator invoked the non-MTUS ODG formulary in several of the denials. A September 18, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten physical therapy note dated November 20, 2014, difficult to follow, the applicant reported heightened complaints of pain and fatigue. The applicant reported disability negotiating staircases. Large portions of the progress note were difficult to follow and not altogether legible. In a physical therapy report dated January 22, 2015, the applicant was described as having completed 18 sessions of physical therapy. The applicant was asked to transition to self-directed home exercises. In a progress note dated September 18, 2014, Tylenol No. 3, Zanaflex, Ativan, and Topamax were endorsed. It was stated that the applicant was using Ativan for sedative effect. The applicant was reportedly working, the treating provider contended, following imposition of work restrictions. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant did have ongoing issues with low back pain, carpal tunnel syndrome, and neck pain. The applicant was status post left and right carpal tunnel release surgery and also status post a cervical spine surgery in 2009. The attending provider stated that the applicant's ability to perform home exercises had been ameliorated as a result of ongoing

medication consumption, including Tylenol No. 3 consumption and Lyrica consumption. 1-2/10 pain with medications versus 7/10 pain without medications was reported.

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

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

**Tylenol #3 (APAP/Codeine 300/30mg), 1 by mouth every 12 hours as needed, #60:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Yes, the request for Tylenol No. 3, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to work as an actress, the treating has contended, through usage of ongoing medication consumption. Ongoing usage of Tylenol No. 3 has reduced the applicant's pain scores from 7/10 without medications to 1-2/10 with medications. The applicant's ability to perform home exercises had likewise been ameliorated as a result of ongoing medication consumption. Continuing the same, on balance, was, thus, indicated, in light of the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.

**Zanaflex 2mg, 1 by mouth, two (2) times per day as needed, #60:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS:Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** Similarly, the request for Zanaflex (tizanidine) was likewise medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was present here on or around the date in question. The applicant had derived appropriate analgesia and functional improvement through ongoing tizanidine usage, the attending provider successfully argued on September 18, 2014. The applicant had returned to and maintained successful return to work status as of that date. The applicant was performing home exercises; it was suggested on several progress notes of late 2014, referenced above. The applicant had also reported an appropriate reduction in pain scores from 7/10 pain without medications to 1-2/10 pain with medications, it was further noted. All of the foregoing, taken together, does suggest that the applicant is

deriving functional improvement as defined in MTUS 9792.20f through ongoing Zanaflex usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Ativan 0.5mg 1 by mouth at bedtime as needed for sleep #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Conversely, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be employed for brief periods, in cases of overwhelming symptoms, in this case, however, the request seemingly represents a request to continue Ativan for long-term, nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.

**Topamax 25mg, 1 by mouth two time daily, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available) Page(s): 21.

**Decision rationale:** As noted on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, topiramate or Topamax can be considered for use of neuropathic pain in applicants in whom other anticonvulsants fail. Here, the applicant's handwritten application suggested that the applicant was deriving a favorable response to ongoing Topamax usage. The applicant stated that previous usage of Lyrica had generated only incomplete analgesia. The applicant, thus, had apparently previously employed Lyrica, unsuccessfully. Continued usage of gabapentin was indicated here as the applicant had responded favorably to the same as evinced by her successful return to and maintenance of full-time work status with ongoing Topamax usage and as evinced by her reports of appropriate analgesia effected as a result of the same. Therefore, the request was medically necessary.