

<b>Case Number:</b>	CM15-0056278		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 39-year-old female, who sustained an industrial injury on May 4, 2013. The injured worker was diagnosed as having coccygeal pain, right thumb/wrist sprain/strain, and persistent low back pain with mild degenerative disc disease L4-L5 and L5-S1. Treatment to date has included lumbar spine MRI, x-rays, and medication. Currently, the injured worker complains of back pain. The Primary Treating Physician's report dated March 9, 2015, noted the injured worker's wrist showed tenderness with decreased grip strength. Straight leg raise was noted to be negative. The Physician noted the treatment plan included awaiting extension of spine evaluation, proceeding with orthopedic upper extremity evaluation, and medications of Vicodin and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91 & 123-124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain in the low back, right wrist and right thumb. The request is for Vicodin 5/300 MG # 60. Physical examination to the right wrist on 12/15/14 revealed tenderness to palpation over the volar aspect. Per 03/09/15 progress report, patient's diagnosis include coccygeal pain, right thumb/wrist s/s, and persistent low back pain with mild degenerative disc disease L4-L5, L5-S1. Patient's medications, per 112/06/14 progress report include Vicodin and Flexeril. Patient's work status was not specified. MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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." The treater does not discuss this request. The patient was prescribed Vicodin from 03/24/14 and 03/09/15. UR letter dated 03/18/15 modified the requested # 60 to #30 tablets. In this case, treater has not discussed how Vicodin decreases pain and significantly improves patient's activities of daily living. There are no discussions with specific adverse effects, ADL's, etc. No UDS reports, CURES or opioid pain contract were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Tizanidine 2mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Antispasticity/Antispasmodic Drugs Page(s): 63-66.

**Decision rationale:** The patient presents with pain in the low back, right wrist and right thumb. The request is for Tizanidine 2 MG #30. Physical examination to the right wrist on 12/15/14 revealed tenderness to palpation over the volar aspect. Per 03/09/15 progress report, patient's diagnosis include coccygeal pain, right thumb/wrist s/s, and persistent low back pain with mild degenerative disc disease L4-L5, L5-S1. Patient's medications, per 112/06/14 progress report include Vicodin and Flexeril. Patient's work status was not specified. 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." The treater does not discuss request. UR letter dated 03/18/15 has modified the request from #30 to #15 tablets. In review of the medical records provided, there were no records of a prior use of Tizanidine and it appears that the treater is initiating this medication. The patient presents with low back pain and is diagnosed with low back pain with mild degenerative disc disease L4-L5, L5-S1 and coccygeal pain. MTUS recommends Tizanidine for low back pain. Given the patient's chronic low back pain, a trial of Tizanidine would be indicated. Therefore, the request is medically necessary.