

<b>Case Number:</b>	CM15-0058440		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/12/2007
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Arizona, Michigan

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 injured worker (IW) is a 51 year old male who sustained an industrial injury on 12/12/2007. He reported low back pain. The injured worker was diagnosed as having lumbar disc degeneration, lumbar facet arthropathy, and lumbar radiculopathy. Treatment to date has included spinal surgery, treatment with pain specialists, injections to the lumbar spine, and medications. Currently, the injured worker complains of frequent and severe muscle spasms of the low back with pain radiating down the left lower extremity. Muscle relaxants, non-steroidal anti-inflammatory drugs and pain medication give 60% improvement in function allowing him the ability to perform activities of daily living by decreasing his pain, increasing his ability to function and improving his quality of life. Tramadol ER 150mg QD #60, Vitamin D 2000 units BID #200, APAP/Codeine Phosphate 300/30mg BID #120, Tizanidine 2mg QD #60 are requested for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg QD #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram).

**Decision rationale:** The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal documentation of improvement in pain and function according to MTUS recommendation for ongoing management with opioids and the request for Tramadol ER 150mg QD #60 is medically necessary.

**Vitamin D 2000 units BID #200:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Vitamin D.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/ Vitamin D.

**Decision rationale:** The MTUS/ ACOEM did not specifically address the use of Vitamin D in the management of the injured worker and therefore other guidelines were consulted. Per the ODG vitamin D is not recommended for the treatment of chronic pain based on recent research. Vitamin D is recommended to supplement a documented deficiency which is not generally considered a worker's compensation condition. Musculoskeletal pain is associated with low vitamin D levels. A review of the injured workers medical records reveal documentation of low vitamin D levels, therefore the request for Vitamin D 2000 units BID #200 is medically necessary.

**APAP/Codeine Phosphate 300/30mg BID #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78,89,95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to

improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of pain and functional improvement per MTUS recommendations for ongoing use of opioids and therefore the request for APAP/Codeine Phosphate 300/30mg BID #120 is medically necessary.

**Tizanidine 2mg QD #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs. Tizanidine Page(s): 66.

**Decision rationale:** Per the MTUS, Tizanidine is a centrally acting alpha2adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records reveal objective findings of muscle spasm and the use of Tizanidine 2mg QD #60 is medically necessary.