

<b>Case Number:</b>	CM15-0085353		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	04/30/1994
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female, who sustained an industrial injury on 4/30/94. She reported pain in her neck. The injured worker was diagnosed as having chronic pain syndrome, cervicgia and myalgia. Treatment to date has included a cervical fusion, Botox injections, physical therapy, acupuncture and a TENs unit. Also, medications including Norco (since 2007), Morphine Sulfate (since 11/2014) and Tizanidine. As of the PR2 dated 4/16/15, the injured worker reports increased muscle tightness in her neck. She rates her pain 3/10 and indicated that her current medications reduce her pain by 50%. The treating physician noted decreased range of motion throughout the cervical spine in all planes due to pain and tenderness to palpation. The treating physician requested to start Tizanidine 4mg #60 and continue Norco 10/325mg #60 and Morphine sulfate ER 60mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidiane Hcl 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex; Muscle Relaxants Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The claimant sustained a work injury more than 20 years ago and continues to be treated for chronic neck pain. When seen, there was decreased and painful cervical spine range of motion. There was cervical spine tenderness with muscle spasm and trigger points were present. Spurling's testing was negative. Norflex was discontinued and tizanidine was prescribed to be taken up to two times per day. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron syndrome. It was therefore not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury more than 20 years ago and continues to be treated for chronic neck pain. When seen, there was decreased and painful cervical spine range of motion. There was cervical spine tenderness with muscle spasm and trigger points were present. Spurling's testing was negative. Norflex was discontinued and tizanidine was prescribed to be taken up to two times per day. Medications are referenced as decreasing pain by more than 50%. Medications included Norco and MS ER being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Sedentary work restrictions were continued. A continued home exercise program was recommended. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, ongoing prescribing at this dose was not medically necessary.

**Morphine sulfate ER 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury more than 20 years ago and continues to be treated for chronic neck pain. When seen, there was decreased and painful cervical spine range of motion. There was cervical spine tenderness with muscle spasm and trigger points were present. Spurling's testing was negative. Norflex was discontinued and tizanidine was prescribed

to be taken up to two times per day. Medications are referenced as decreasing pain by more than 50%. Medications included Norco and MS ER being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Sedentary work restrictions were continued. A continued home exercise program was recommended. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, the ongoing prescribing of MS ER at this dose was not medically necessary.