

<b>Case Number:</b>	CM15-0088055		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	11/14/1995
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 47 year old male, who sustained an industrial injury on 11/14/95. He reported a back injury. The injured worker was diagnosed as having chronic pain, status post back fusion and lumbar disc disease. There is an associated diagnosis of insomnia. Treatment to date has included oral medications, back surgery in 1995 and 1997, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed in 9/15/14 revealed spinal stenosis and bilateral foraminal stenosis at L4-5 along hypertrophic changes of posterior elements. Currently, the injured worker complains of back pain with intermittent radiation for mid back to neck. The low back pain was noted to radiate to the lower extremities accompanied with numbness and tingling sensations of the legs. The injured worker noted that the medications were not helping. The IW was non-compliant with exercise including Yoga. A neurosurgery consult was scheduled for 4/15/2015. Physical exam noted full range of motion, decreased sensation and decreased reflexes. The treatment plan included request for medications: Tizanidine, Tramadol, Baclofen, Gabapentin and meloxicam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants and Other Medical Treatment Guidelines Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs, PT and exercise have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medication. The records indicate that the duration of use of Tizanidine had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple muscle relaxants and other sedative medications concurrently. It was noted that the medications were not effective. An appointment for Neurosurgery evaluation is pending. The criteria for the continual use of Tizanidine 4mg #120 was not met. The request is not medically necessary.

**Tramadol 50mg quantity 112 with five refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbations of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The guidelines that patients be evaluated at regular intervals for compliance, functional restoration and continual indication for medication management. The records indicate that the patient had utilized Tramadol for many years. The prescription of multiple refills does not meet the guidelines criteria for regular documentation of re-evaluation, compliance, absence of aberrant behavior and indications for continual medications requirement. The criteria for the use of Tramadol 50mg #112 with 5 refills was not met. The request is not medically necessary.

**Baclofen 10mg quantity 60 with five refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs, PT and exercise have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medication. The records indicate that the duration of use of Baclofen had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple muscle relaxants and other sedative medications concurrently. It was noted that the medications were not effective. An appointment for Neurosurgery evaluation is pending. The criteria for the continual use of Baclofen 10mg #60 with 5 refills was not met. The request is not medically necessary.

**Gabapentin 300mg quantity 270 with six refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-convulsants can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The records indicate that the patient had subjective and objective findings consistent with the diagnosis of lumbar radiculopathy. There is documentation of efficacy and functional restoration with utilization of gabapentin. The guidelines recommend that patients be evaluated at regular intervals for continual indication for medication management. There is no reported adverse medication effect. The criteria for the use of gabapentin 300mg #270 with 6 refills was met. The request is medically necessary.

**Meloxicam 15mg quantity 30 with eleven refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDS.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The guidelines that patients be evaluated at regular intervals for compliance, functional restoration and continual indication for medications management. The records indicate that the patient had utilized NSAIDs for many years. The prescription of multiple refills does not meet the guidelines criteria for regular documentation of re-evaluation, compliance, absence of NSAIDs related complications and indications for continual medications requirement. The criteria for the use of Meloxicam 15mg #30 with 11 refills was not met. The request is not medically necessary.