

<b>Case Number:</b>	CM14-0142039		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 76-year-old female who reported an injury on 09/14/2012. The mechanism of injury was not provided. On 06/16/2014, the injured worker presented with discomfort and pain in the low back. Upon examination, the range of motion for the lumbar spine was 50 degrees of flexion, 5 degrees of extension, 25 degrees of bilateral bending, and there was 2+ spasms at the T12 to L5 bilaterally. the diagnoses were status post closed reduction of dislocation of the left shoulder, left hand sprain/strain, carpal tunnel syndrome, contracture of the left hand, sprain/strain of the cervical spine with positive MRI, with herniated cervical disc with radiculitis/radiculopathy, and sprain/strain of the left elbow with positive NCV (nerve conduction velocity) with for cubital tunnel syndrome, sprain/strain of the lumbar spine with positive MRI for herniated lumbar disc with radiculitis/radiculopathy, and left knee hemiarthroplasty in 2006. The current medication list was not provided. The provider recommended hydrocodone/APAP 10/325mg and tizanidine HCL 4mg with a quantity of 60 and 1 refill. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10/325mg, with a quantity of 120 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

**Tizanidine HCL 4mg, #60 with 1 refill:** Upheld

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

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

**Decision rationale:** The request for tizanidine HCL 4mg, with a quantity of 60 and 1 refill is not medically necessary. The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged some use of medications in this class may lead to dependence. There is a lack of documentation of the efficacy of the prior use of the medication. A complete and adequate pain assessment was not provided in the medical documents. Additionally, the frequency of the medication was not provided in the request as submitted. As such, the medical necessity has not been established.

**Motrin 800mg, #90 with 1 refill:** Upheld

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

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

**Decision rationale:** The request for Motrin 800mg, #90 with 1 refill is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status,

evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is not medically necessary.