

<b>Case Number:</b>	CM14-0211744		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/31/1999
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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 & Rehabn, 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 60 year-old female with a date of injury of 3/31/1999. The patient's industrially related diagnoses include status post lumbar fusion at L5-S1 with subsequent removal of hardware. The disputed issues are retrospective prescriptions for Hydrocodone/APAP 10/325mg (date of service: 5/26/10-6/17/14), and Tizanidine HCL 4mg (dates of service: 5/26/10 - 6/17/14). A utilization review determination on 12/12/2014 had non-certified these requests. The stated rationale for the denial of Tizanidine was: "Guidelines do not recommend long term or more than three weeks use of a muscle relaxer. There is no documentation of an end-plan or attempts at tapering down Tizanidine use. In addition, treatment goals are not indicated. It is evident that the claimant has been utilizing this medication longer than the recommended duration. With lack of evidence of improvement despite long term use, and given that this medication is not recommended as long term treatment, medical necessity for retrospective use of Tizanidine HCL 4mg (DOS: 5/26/10 through 6/17/14) is not established. Non-certification is recommended." The stated rationale for the denial of Hydrocodone/APAP was: "In this case, the claimant complains of chronic moderate to severe pain in the lumbar spine radiating towards the lower extremities. The submitted documentation does not have evidence of objective functional improvement from prior use of medications. Rather, examination shows progressive worsening symptoms. The claimant's response to medication treatment is not clearly delineated. In addition, compliance with medication regimen and CA MTUS guidelines for chronic opioid use is not indicated. There is no documentation of a urine drug test to monitor compliance with medication use, attempts at weaning and tapering as well as modification considering that the claimant has

not shown improvement despite being on long term opioid medication, risk assessment profile, and pain contract on file. Therefore, medical necessity for retrospective use of Hydrocodone/APAP 10/325mg (DOS: 5/26/10 through 6/17/14) is not established. Non-certification is recommended."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**RETROSPECTIVE: Hydrocodone/APAP 10/325mg (Date of service: 5/26/10-6/17/14):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** Regarding the request for Hydrocodone/APAP (Norco), Chronic Pain Medical Treatment Guidelines state that Hydrocodone/APAP is an opiate pain medication. Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Within the medical records made available for review, there was no indication that the opioid pain medication was improving the injured worker's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Without such documentation, there is no clear indication for ongoing use of Hydrocodone/APAP. Based on the lack of documentation, medical necessity for retrospective Hydrocodone/APAP 10/325mg (date of service: 5/26/10 - 6/17/14) could not be established.

**RETROSPECTIVE: Tizanidine HCL 4mg (Dates of service: 5/26/10-6/17/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the medical records made available for review, there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication was being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the medication was prescribed and used for over four years. Finally, there was no documentation of appropriate liver function testing, as recommended by guidelines. Based on the lack documentation, medical necessity for retrospective use of Tizanidine HCL 4mg (DOS: 5/26/10 through 6/17/14) could not established.