

<b>Case Number:</b>	CM14-0218418		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 & 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:

This is a 42 year old male who suffered a work related injury on 05/11/2014. The injured worker was driving his truck and a tire blew out and his truck flipped over on the freeway. Diagnoses include disorders of the sacrum, lumbago, lumbar sprain, hip/thigh sprain, lumbosacral spondylosis, and cervical spinal stenosis. A physician progress note dated 10/16/2014 documents the injured worker and continued lower back pain which has increased and neck pain with bilateral hand numbness. There is moderate tenderness in the cervical and lumbar area. Spurling is negative and facet maneuver is negative. Straight leg raise is positive, facet maneuver is negative. Utilization Review notes a physician progress note dated 12/10/2014 documents the injured worker complains of widespread chronic pain symptoms involving the neck and throughout the back as well as headaches. The injured worker notes pain in his lower back that shoots down into his legs and up his back. He describes a pain as a feeling of electrical shocks. Treatment has included medications, and he has tried physical therapy but was having too much pain to tolerate it. He reports sleep disturbances, anxiety and muscle aches. He is dependent on the use of a cane. Range of motion was quite limited in both the neck and the low back. There was generalized diffuse weakness throughout all four extremities. The injured worker is temporarily totally disabled. The request is for Percocet 10/325mg #90 and Tizanidine 4mg #90. Utilization Review dated 12/19/2014 found that Percocet 10/325mg, # 90 is not medically necessary but due to the nature of this drug weaning is recommended. California Medical Treatment Utilization Schedule (MTUS) requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for

claimants on chronic opioid therapy. The documentation does not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Utilization Review dated 12/19/2014 documents Tizanidine 4mg, # 90 is not medically necessary. However due to the nature of this drug weaning is recommended. The medical necessity of muscle relaxant use is compared to evidence-based criteria. Muscle relaxants are supported for only short-term treatment and given the date of injury, chronic use would not be supported by guidelines.

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

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

**Percocet 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment 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. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

**Decision rationale:** Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long standing neck and low back pain. In the absence of such documentation, the currently requested tizanidine (Zanaflex) is not medically necessary.