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| <b>Case Number:</b>   | CM15-0124022 |                              |            |
| <b>Date Assigned:</b> | 07/08/2015   | <b>Date of Injury:</b>       | 11/13/2007 |
| <b>Decision Date:</b> | 08/26/2015   | <b>UR Denial Date:</b>       | 06/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2015 |

### 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, California

Certification(s)/Specialty: Family Practice

### 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 65-year-old male patient, who sustained an industrial injury on 11/13/07. Initial complaints were back, right shoulder and neck. The diagnoses include lumbar discogenic pain. Per the PR-2 notes, dated 6/08/15 he had complains of pain in his neck, shoulder, and low back. Per the PR-2 notes, dated 5/5/15 he had complains of severe pain in his neck, right shoulder, and low back. The physical examination revealed trapezius muscle spasm, right worse than the left, good range of motion of this neck with flexion and extension at 30 degrees all with mild pain in his back without radiation, can rotate and tilt 45 degrees with pain only on the left tilt which goes into this right shoulder; lumbar spine exam, grossly abnormal with flexion 60 degrees with pain in his low back going down the left leg. He can extend 20 degrees with pain in his low back going down the left leg and tilt 15 degrees with significant pain going down into his left leg which tilts to the right, positive leg lift on the right 45 degrees and on the left 30 degrees with pain in his low back going down his leg, spasms bilaterally of the latissimus dorsi, cannot stand on his toes, cannot stand on his heels, weakness with abductor hallicis longus or foot flexors; His shoulder examination-extremely poor range of motion, positive Hawkin's maneuver with evidence of a possible rotator cuff tear with positive Jobe's test and weak infraspinatus muscle. The medications list includes Gabapentin, Tizanidine, naproxen, Omeprazole and hydrocodone. He has had lumbar MRI on 11/12/2009, which revealed disc protrusions at L3-4, L4-5 and L5-S1. He has had chiropractic therapy; acupuncture and physical therapy for this injury. He has had urine drug screen on 6/13/15 with consistent results. The provider's treatment plan included Norco 10/325mg #60; Gabapentin 600mg #60; Omeprazole 20mg #60 and Tizanidine #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60, refill: unspecified:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page 75-80 Opioids page 74 Short-acting opioids page 75.

**Decision rationale:** Norco 10/325mg #60, refill: unspecified. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had severe pain in his neck, right shoulder, and low back. He has significant objective findings on physical examination, lumbar spine exam, grossly abnormal with flexion 60 degrees with pain in his low back going down the left leg. He can extend 20 degrees with pain in his low back going down the left leg and tilt 15 degrees with significant pain going down into his left leg which tilts to the right, positive leg lift on the right 45 degrees and on the left 30 degrees with pain in his low back going down his leg, cannot stand on his toes, cannot stand on his heels, weakness with abductor hallucis longus or foot flexors; His shoulder examination, extremely poor range of motion, positive Hawkin's maneuver with evidence of a possible rotator cuff tear with positive Jobe's test and weak infraspinatus muscle. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking Gabapentin, naproxen and tizanidine. Patient has improved pain with medications. Patient has no evidence of aberrant behavior. Patient has had a recent urine drug screen on 6/13/2015 with consistent findings. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg #60, refill: unspecified is deemed medically necessary for this patient at this time for prn use.

**Gabapentin 600mg #60, refill: unspecified:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

**Decision rationale:** Gabapentin 600mg #60, refill: unspecified. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study". Per the records provided patient has chronic low back, neck and right shoulder pain with positive straight leg rising bilaterally and lumbar MRI on 11/12/2009 revealed disc protrusions at L3-4, L4-5 and L5-S1. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 600mg #60, refill: unspecified is medically necessary for this patient.

**Omeprazole 20mg #60, refill: unspecified:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** Omeprazole 20mg #60, refill: unspecified. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." PPI is recommended in-patient considered at high risk for gastrointestinal events with the use of NSAIDS. This patient is 65 years old and taking NSAID- naproxen for pain. Therefore, the pt is considered as high risk for gastrointestinal events with the use of NSAIDS. The request of Omeprazole 20mg #60, refill: unspecified is medically necessary for this patient.

**Tizanidine #60, refill: unspecified:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

**Decision rationale:** Tizanidine #60, refill: unspecified. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic neck, back and right shoulder pain. The patient has significant objective findings including limited range of motion and tenderness of the right shoulder, neck and lower back. Tizanidine is a first line option and is recommended for chronic myofascial pain. The request of Tizanidine #60, refill: unspecified is deemed medically necessary for this patient.