

<b>Case Number:</b>	CM15-0128972		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 55 year old female with an industrial injury dated 12/16/2002. Her diagnoses included lumbago, backache and thoracic lumbar neuritis. Prior treatment included medications. She presents on 05/07/2015 with complaints of constant pain in upper and lower back with pain in left shoulder. She also complained of pain in left shoulder and tingling sensation in bilateral legs. She rates the pain as 7/10 in left shoulder and 7/10 in bilateral legs. Physical exam of the lumbar area noted tenderness to palpation. There was decreased range of motion and pain with flexion. Treatment plan included medications and physical therapy. The treatment request is for Phenergan 25 mg, 1 by mouth three times a day, quantity: 90, Tizanidine 2 mg, 1 by mouth every night at bedtime, quantity 30 and Ultram 50 mg, 1 by mouth every day, quantity: 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg, 1 by mouth every night at bedtime, QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 64, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) and Muscle relaxants (for pain) Page(s): 66 and 63.

**Decision rationale:** Tizanidine 2mg, 1 by mouth every night at bedtime, QTY: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than acute. There is no clear rationale why the patient requires Skelaxin and Tizanidine therefore the request for Tizanidine is not medically necessary.

**Ultram 50mg, 1 by mouth every day, QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list, Tramadol (Ultram) Page(s): 78, 80, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Ultram 50mg, 1 by mouth every day, QTY: 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no evidence of an objective urine drug screen. The documentation reveals that the patient has been on opioids without significant functional improvement or significant relief of pain therefore the request for Ultram is not medically necessary.

**Phenergan 25mg, 1 by mouth three times a day, QTY: 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea): Promethazine (Phenergan).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Antiemetics (for opioid nausea).

**Decision rationale:** Phenergan 25mg, 1 by mouth three times a day, QTY: 90 is not medically necessary per ODG guidelines. The MTUS is silent on the topic of Phenergan. The ODG states that Phenergan is a sedative and antiemetic used in pre-operative and post-operative situations. The ODG does not recommend antiemetics for nausea from chronic opioid use. The documentation indicates that that Phenergan is not being used pre or postoperatively. Continuing Phenergan is not medically necessary or appropriate.