

<b>Case Number:</b>	CM15-0175511		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 (IW) is a 42 year old male who sustained an industrial injury on 02-25-2008. The injured worker was diagnosed as having lumbalgia. Treatment to date has included diagnostic testing and medications. His medications include Tizanidine, Norco, Morphine sulfate extended release tablet, Miralax, Metoprolol, Inderal, Gabapentin, Cymbalta and Colace. In the provider notes of 07-29-2015 the injured worker complains of back pain, low back pain and lumbar complaints. He complains of back stiffness and radicular pain in both legs. His back pain is described as aching, burning, stabbing, throbbing, spasming, shooting, deep, and shocks, and he rates it as a 7 on a scale of 1-10. Back extension, back flexion, hip extension and flexion and hip rotation worsen his back pain. He also complains of leg pain and swelling with stiffness and weakness. Activities that make his leg pain worse are climbing stairs, running, standing, and sitting. Lying down and resting improves his condition. The severity of the condition is described as a 6 on a scale of 1-10. This condition has existed for an extended period of time. According to the 07-29-2015 note, the IW has been taking medications for nociceptive, neuropathic and inflammatory pain without evidence of drug abuse, aberrant behavior or drug diversions. Urine drug screen on 06-01-2015 was within normal expectations. Medications give about 90% improvement in pain. Attempts to wean the medications increase his pain, suffering, and decrease his functional capacity. Examination of the lumbar spine shows pain to palpation over the L3 to L4, L4-L5 and L5-S1 spinous process, pain with rotation, and secondary myofascial pain with triggering, ropey fibrotic banding and spasm. This is unchanged from prior evaluations. The worker has been deemed to be 47% disabled without considering the lumbar spine. According to provider notes, surgical intervention has been suggested as

reasonable and necessary and the worker has been getting progressively worse. He is unable to work at this time. A request for authorization was submitted for Morphine Sulfate ER 50mg twice per day #60 (prescribed 7-29-15), Tizanidine 4mg twice per day #60 with 4 refills (prescribed 7-29-15), and Norco 10-325mg every 4 hours #180 (prescribed 7-29-15). A utilization review decision 08-05-2015 non-certified the request for Morphine Sulfate ER, and Tizanide. The request for Norco 10-325 mg #180 prescribed 07-29-2015 was noted as Non-certified per an earlier IMR determination 07-20-2015.

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

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

#### **Morphine Sulfate ER 50mg twice per day #60 (prescribed 7-29-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Morphine Sulfate ER nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per progress report dated 7/2/15 that medications provided 90% improvement. However, pain was rated 7/10. No side effects were reported. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 6/10/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

#### **Tizanidine 4mg twice per day #60 with 4 refills (prescribed 7-29-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) 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." UDS that evaluate for Tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 11/2014. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. Furthermore, the request for 5 month supply is not appropriate as it does not allow for periodic assessment.