

<b>Case Number:</b>	CM15-0177473		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/19/1997
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 61 year old female, who sustained an industrial injury on July 19, 1997. On August 10, 2015 the injured worker reported chronic low back pain and rated her average pain an 8 on a 10-point scale. Her previous pain rating on June 17, 2015 was 7 on a 10-point scale. She reported that she "stretched" her medications due to having four of her grandchildren here. She reported an increase in pain and requested a trigger point injection to improve her muscle spasms. Her current medications include Opana ER 40 mg and OxyIR 15 mg. She has used Opana ER 40 mg and OxyIR 15 mg since at least January 21, 2015. She reports that her medications allow her to provide for her personal activities of daily living. On physical examination the injured worker exhibits a mildly antalgic gait to the right. She had radicular snapping band tenderness with twitch response over the bilateral trapezius and bilateral levator scapulae. She had tenderness to palpation in the low back area, over the left gluteus medius and gluteus maximus as well as the quadratus lumborum with radicular snapping band and twitch response. A urine drug screen on June 17, 2015 was consistent with her medications. The injured worker was diagnosed as having thoracic lumbosacral radiculopathy, chronic pain postoperatively, post lumbar spine surgery syndrome, low back pain and severe muscle spas. Treatment to date has included opioid medications, spinal cord stimulator implantation, lumbar laminectomy, and physical therapy. A request for authorization for trigger point injection, Opana ER 40mg #60, Oxy IR 15 mg #120 and Tizanidine 4 mg #90 was received on August 18, 2015. On August 24, 2015, the Utilization Review physician modified Opana ER 40 mg #60 to Opana ER 40 mg # 45, modified Oxy IR 15 mg #120 to Oxy IR 15 mg #90 and determined that trigger point injection and Tizanidine were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Opana ER (extended release) 40 mg Qty 60: 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, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for XX is not medically necessary.

**Oxy IR (immediate release) 15 mg Qty 120: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, indicators for addiction.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for XX is not medically necessary.

**Tizanidine 4 mg Qty 90: Overturned**

**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:** There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The MTUS Chronic Pain Medical Treatment Guidelines Section on Muscle Relaxants, page 66, states regarding tizanidine, "Unlabeled use for low back pain...One study 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 prior reviewer indicated that tizanidine might only be indicated if there were spasms and may not be indicated on a chronic basis. While that recommendation may apply to other muscle relaxants, the specific recommendations in the treatment guideline for tizanidine do clearly support its use for conditions such as fibromyalgia or myofascial pain which do not cause spasm and which are chronic conditions. The treatment guidelines do support the use of tizanidine as a first-line medication for this patient since the patient is noted to have had muscle "twitches" with need for chronic pain control. Therefore, based on the submitted medical documentation, the request for tizanidine is medically necessary.

**Trigger Point Injections, Qty 1: Overturned**

**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): Trigger point injections.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS Guidelines indicate that trigger point injections are for myofascial pain syndrome and the criteria for the use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Additionally, symptoms must be noted to have persisted for more than 3 months and medication management therapies, including physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain. The clinical documentation submitted for review shows that the patient has circumscribed trigger points with evidence upon palpation of a twitch response and referred pain. Documentation of symptoms persisting for more than 3 months and documentation that medication management therapies failed to control pain is also present in the medical record. Therefore, based on the submitted medical documentation, the request for trigger point injection is medically necessary.