

<b>Case Number:</b>	CM15-0177797		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/01/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female, who sustained an industrial injury on 12-17-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, hypothyroidism, high blood pressure, bilateral carpal tunnel syndrome with bilateral carpal tunnel releases, bilateral DeQuervain's tenosynovitis, left cubital tunnel syndrome, bilateral shoulder impingement, and chronic neck pain with degenerative disc disease, subluxation, multilevel disc herniations and radiculopathy. Medical records (03-11-2015 to 08-19-2015) indicate ongoing neck pain with an increase in severity from 5 out of 10 (06-10-2015) to 8 out of 10 (08-19-2015) despite the use of Norco and tizanidine. Other complaints have included left shoulder pain with occasional popping sensation with movement, spasms in the right shoulder, numbness in the left wrist, and locking and pain in the right wrist. Records also state the IW reports that Norco improves her pain by up to 80%. Activity levels and functional abilities were not addressed. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exams, dated 06-24-2015 and 08-19-2015, revealed decreased tenderness in the right trapezius and scapular, and increased range of motion (ROM) in flexion and bilateral lateral bending of the cervical spine with slightly decreased extension and left rotation. Relevant treatments have included physical therapy (PT), injections, work restrictions, and pain medications (Norco since at least 03-2015, and tizanidine since at least 2011). The PR, dated 06-24-2015, stated that the IW had undergone medial branch facet blocks at C4-C6 on 06-15-2015 with reported one day of full pain relief; and thereafter, had increased pain. The treating physician indicates that a MRI of the cervical spine (07-2015) showed

multilevel degenerative disc disease. The request for authorization (08-19-2015) shows that the following medications were requested: Norco 10-325mg #120 with no refills, and tizanidine 4mg #30 with 2 refills. The original utilization review (09-01-2015) denied the request for Norco 10-325mg #120 with no refills, and tizanidine 4mg #30 with 2 refills based on the lack of functional benefit or reduction in pain.

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

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

**Norco 10/325mg, #120 with 0 refills: 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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The patient presents with neck pain with radiation to the left shoulder rated 8/10, left shoulder pain rated 5/10, right shoulder pain rated 3/10, left wrist pain rated 5/10, and right wrist pain rated 2/10. The request is for NORCO 10/325MG, #120 WITH 0 REFILLS. The request for authorization is dated 08/19/15. MRI of the cervical spine, 07/14/15, shows multilevel disc degenerative disease of the cervical spine. Physical examination of the cervical spine reveals tenderness of the left paraspinals and trapezius. Range of motion is reduced. Patient is encouraged to participate in a home exercise program to gain further functional improvement. The patient takes 1 to 1.5 Norco per day to manage pain, which provides her with up to 80% pain relief. Per progress report dated 08/19/15, the patient is permanent and stationary. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 08/19/15, treater's reason for the request is "to manage her pain." Patient has been prescribed Norco since at least 10311/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. However, no validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS and opioid contract are

documented. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.

**Tizanidine 4mg, #30 with 2 refills:** 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:** The patient presents with neck pain with radiation to the left shoulder rated 8/10, left shoulder pain rated 5/10, right shoulder pain rated 3/10, left wrist pain rated 5/10, and right wrist pain rated 2/10. The request is for TIZANIDINE 4MG, #30 WITH 2 REFILLS. The request for authorization is dated 08/19/15. MRI of the cervical spine, 07/14/15, shows multilevel disc degenerative disease of the cervical spine. Physical examination of the cervical spine reveals tenderness of the left paraspinals and trapezius. Range of motion is reduced. Patient is encouraged to participate in a home exercise program to gain further functional improvement. The patient takes 1 to 1.5 Norco per day to manage pain, which provides her with up to 80% pain relief. Per progress report dated 08/19/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: 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. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 08/19/15, treater's reason for the request is for "muscle spasms." The patient is prescribed Zanaflex since at least 06/10/15. In this case, the patient is diagnosed with myofascial pain for which Zanaflex is indicated per MTUS. However, the treater does not document or discuss how pain is reduced and the patient as required by MTUS improves function. Therefore, the request is not medically necessary.