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| <b>Case Number:</b>   | CM15-0062618 |                              |            |
| <b>Date Assigned:</b> | 04/08/2015   | <b>Date of Injury:</b>       | 07/03/2009 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 03/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/02/2015 |

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 48 year old female, who sustained an industrial injury on 07/03/2009. The mechanism of injury involved a fall. The injured worker was diagnosed as having lumbar radiculopathy, severe myofascial low back pain, lumbar facet arthropathy, right greater trochanteric bursitis and right piriformis muscle spasm. Treatment to date has included therapy and medication management. In a progress note dated 02/20/2015, the injured worker complains of chronic low back pain with numbness and tingling in the bilateral lower extremities. The injured worker was status post anterior/posterior revision fusion at L4-5 on 07/11/2013. The injured worker reported an improvement in muscle spasm with the use of valium and an improvement in anxiety with the use of Klonopin. Upon examination, there was 4-/5 motor weakness in the right lower extremity, decreased sensation to light touch in the right lower extremity, tenderness to palpation over the lumbar spine, and 2+ deep tendon reflexes. The physician also documented a positive straight leg raise bilaterally. Treatment recommendations at that time included continuation of the current medication regimen. The injured worker was instructed to discontinue valium and restart Klonopin 1 mg. The provider noted a failure of morphine, Dilaudid, Opana, and Vicodin. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67, 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the requested muscle relaxant has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Oxycontin 20 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication since at least 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Dilaudid 4 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 81-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication since at least 04/2014. However, the provider indicated in the treatment plan, the injured worker had failed to respond

to Dilaudid. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Dilaudid 2 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication since at least 04/2014. However, the provider indicated in the treatment plan, the injured worker had failed to respond to Dilaudid. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.