

<b>Case Number:</b>	CM15-0067535		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/04/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 4, 2007. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for Tylenol No. 4, tizanidine, and gabapentin. Colace, however, was approved. A February 23, 2015 RFA form and associated February 18, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. In an IMR application dated April 9, 2015, the applicant's attorney specifically appealed the denials of Tylenol No. 4 and tizanidine without seemingly appealing the unfavorable determination on gabapentin. In a November 13, 2014 psychiatric Medical-legal Report, the applicant's treating psychiatrist suggested that the applicant had ongoing issues with major depressive disorder (MDD) resulting in a Global Assessment of Functioning (GAF) of 50. It did not appear that the applicant was working as of that point in time. In a handwritten note dated November 9, 2014, the applicant reported multifocal complaints of low back pain and wrist pain with ancillary complaints of stomach pain. The applicant's low back pain was described as constant, worsened by bending, standing, walking, lifting, pushing, and pulling. Tizanidine, Tylenol No. 4, Neurontin, and Prilosec were renewed while the applicant was placed off work, on total temporary disability. In a January 26, 2015 progress note, it was suggested that the applicant was using Neurontin, omeprazole, Tylenol with Codeine, Zanaflex, and various dietary supplements. On October 22, 2014, the applicant received refills of Norco, omeprazole, Tylenol No. 4, Zanaflex, and Neurontin. 7-8/10 low back pain complaints were reported at that

point. The note was very difficult to follow, not entirely legible, and did not seemingly incorporate much discussion of medication efficacy. Standing and walking remained problematic, the treating provider reported. In a handwritten note dated January 28, 2015, the applicant was placed off work, on total temporary disability, while Tylenol No. 4, tizanidine, Neurontin, and Prilosec were continued, without any seeming discussion of medication efficacy. 7-8/10 pain complaints were reported on this date.

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

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

#### **Tylenol #4 #60 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

**Decision rationale:** No, the request for Tylenol No. 4, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider seemingly furnished the applicant with concurrent prescriptions of two separate short-acting opioids, Tylenol No. 4 and Norco. No clear rationale for the same was furnished. It was further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant failed to return to work, it was suggested on several occasions above. The applicant was placed off work, on total temporary disability, on a January 28, 2015 progress note. 7-8/10 pain complaints were reported at that point. The applicant was having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, standing, and walking, as suggested above. The information on file, in short, did not make a compelling case for continuation of opioid therapy with Tylenol No. 4. Therefore, the request was not medically necessary.

#### **Tizanidine 4 MG #60 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** Similarly, the request for tizanidine (Zanaflex) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity but can be employed off label for low back pain, as was present here, this recommendation is, however, qualified by commentary on page 7 of the MTUS Chronic

Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, on total temporary disability, it was suggested at various points in time, including via a handwritten note dated January 28, 2015. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 4 and Norco. The applicant continued to report pain complaints as high as 7-8/10 and also suggested that various activities of daily living, including lifting, carrying, bending, standing, walking remained, etc., remained problematic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.