

<b>Case Number:</b>	CM15-0073402		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 42-year-old male, with a reported date of injury of 09/10/2013. The diagnoses include lumbar degenerative disc disease, left lower extremity radiculopathy, diffuse regional myofascial pain, sciatica, low back strain, and chronic pain syndrome with both sleep and mood disorder. Treatments to date have included physical therapy and oral medication. The medical report dated 02/03/2015 indicates that the injured worker complained of left-sided low back pain. He rated the pain 8 out of 10, and his worst pain 9 out of 10. The injured worker was limited in self-care activities and activities of daily living. The physical examination showed an antalgic gait, use of a cane, tenderness of the spinous process at L4 and the transverse process on the left at L5, tenderness of the paraspinal regional at L4, the buttock, sciatic nerve, and piriformis, decreased lumbar range of motion, and decreased strength due to pain. The treating physician requested Norco 10/325mg #90, Tizanidine 2mg #30, and Senna 8.6mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90,76-78.

**Decision rationale:** Based on the 02/03/15 progress report provided by treating physician, the patient presents with left sided low back pain rated 8-8/10 that radiates to lower left extremity. The request is for Norco 10/325mg Qty 90. Patient's diagnosis on 02/03/15 includes Psychalgia, degeneration of lumbosacral intervertebral disc, degeneration of lumbar intervertebral disc, sciatica, lumbar radiculopathy, chronic pain syndrome, and low back strain. The patient ambulates with a cane. Physical examination to the lumbar spine on 02/03/15 revealed tenderness to palpation over paraspinous region at L4 through the gluteus maximus and medius, sciatic nerve and piriformis muscles. Range of motion was decreased, especially on extension 10 degrees. Per 02/03/15 report, "the patient had an MRI documenting degenerative disc disease at L4-L4 and L5-S1 with a central L5-S1 disc herniation with moderate to severe neural foraminal stenosis on the left." Patient's medications included Norco, Percocet, NSAID, Celebrex, per 10/02/14 report. Patient is on Quetiapine fumarate, per 12/04/14 report. According to 02/03/15 report, "the patient has been out of work 2 years. It is unknown if the patient has a job to return to..." Treatment reports were provided from 12/04/14 - 03/05/15. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treatment report nor RFA with the request were provided. Treater has not provided medical rationale for this request. The patient has been prescribed Norco at least since 10/02/14, based on progress report. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Senna 8.6 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-95. Decision based on Non-MTUS Citation URL (<http://www.drugs.com/mtm/senokot.html>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CONSTIPATION Page(s): 77.

**Decision rationale:** Based on the 02/03/15 progress report provided by treating physician, the patient presents with left sided low back pain rated 8-8/10 that radiates to lower left extremity. The request is for Senna 8.6mg Qty 60. Patient's diagnosis on 02/03/15 includes Psychalgia, degeneration of lumbosacral intervertebral disc, degeneration of lumbar intervertebral disc, sciatica, lumbar radiculopathy, chronic pain syndrome, and low back strain. The patient ambulates with a cane. Physical examination to the lumbar spine on 02/03/15 revealed tenderness to palpation over paraspinal region at L4 through the gluteus maximus and medius, sciatic nerve and piriformis muscles. Range of motion was decreased, especially on extension 10 degrees. Per 02/03/15 report, "the patient had an MRI documenting degenerative disc disease at L4-L4 and L5-S1 with a central L5-S1 disc herniation with moderate to severe neural foraminal stenosis on the left." Patient's medications included Norco, Percocet, NSAID, Celebrex, per 10/02/14 report. Patient is on Quetiapine fumarate, per 12/04/14 report. According to 02/03/15 report, "the patient has been out of work 2 years. It is unknown if the patient has a job to return to..." Treatment reports were provided from 12/04/14 - 03/05/15. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treatment report nor RFA with the request were provided. It is not known when Senna has been initiated. MTUS recognizes constipation as a common side effect of chronic opiate use, and patient has been prescribed Norco at least since 10/02/14, based on progress report. However, treater has not provided medical rationale for this request, and there are no discussions pertaining to constipation. Furthermore, the current request for Norco has not been authorized. Therefore, the request is not medically necessary.

**Tizanidine 2 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Page(s): 63.

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

**Decision rationale:** Based on the 02/03/15 progress report provided by treating physician, the patient presents with left sided low back pain rated 8-8/10 that radiates to lower left extremity. The request is for Tizanidine 2mg Qty 30. Patient's diagnosis on 02/03/15 includes Psychalgia, degeneration of lumbosacral intervertebral disc, degeneration of lumbar intervertebral disc, sciatica, lumbar radiculopathy, chronic pain syndrome, and low back strain. The patient ambulates with a cane. Physical examination to the lumbar spine on 02/03/15 revealed tenderness to palpation over paraspinal region at L4 through the gluteus maximus and medius, sciatic nerve and piriformis muscles. Range of motion was decreased, especially on extension 10 degrees. Per 02/03/15 report, "the patient had an MRI documenting degenerative disc disease at L4-L4 and L5-S1 with a central L5-S1 disc herniation with moderate to severe neural foraminal stenosis on the left." Patient's medications included Norco, Percocet, NSAID, Celebrex, per 10/02/14 report. Patient is on Quetiapine fumarate, per 12/04/14 report. According to 02/03/15 report, "the patient has been out of work 2 years. It is unknown if the patient has a job to return to..." Treatment reports were provided from 12/04/14 - 03/05/15. MTUS Chronic Pain Medical

Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-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." Neither treatment report nor RFA with the request were provided. Treater has not provided medical rationale for this request. UR letter dated 04/09/15 has denied this request, however recommended weaning stating, "...efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence..." In review of the medical records provided, there were no records of a prior use of Tizanidine and it appears that treater is initiating this medication. In this case, the patient ambulates with a cane, has a diagnosis of degeneration of lumbosacral intervertebral disc with radiculopathy, and has supportive MRI documentation. MTUS recommends Tizanidine for low back pain. Given the patient's continued symptoms and diagnosis, Tizanidine would appear to be indicated. Therefore, the request is medically necessary.