MAXIMUS Federal Services

| Case Number: | CM13-0008431 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 06/14/1980 |
| Decision Date: | 01/15/2014 | UR Denial Date: | 07/17/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

59 year old male who was said to have been injured on the job on 06/14/1980 (but there was another date of injury of 6/14/2008), with post traumatic neck pain, upper back and lower back pain, who preferred narcotic analgesics and muscle relaxants to seeing a neurosurgeon or pain specialist. .

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #150 between 6/24/2013 and 9/14/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-MTUS American College of Occupational and Environmental Medicine. Page(s): 52, 76-77 and 93.

**Decision rationale:** The MTUS guidelines indicate that Norco, which contains hydrocodone, a semi-synthetic opioid which is considered the most potent oral opioid, and Acetamenophen, is indicated for moderate to moderately severe pain. However, MTUS guidelines detail specific criteria to follow before a trial of opioids for chronic pain management, and there is no documentation that these guidelines were followed. Additionally, results of studies of opioids

for musculoskeletal conditions (as opposed to cancer pain) generally recommend short-term use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use. The request for one prescription of Norco 10/325mg #150 between 6/24/2013 to 9/14/2013 is not medically necessary and appropriate.

**One prescription of Tizanidine 4mg #120 between 6/24/2013 and 9/14/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** The MTUS guidelines indicate that Tizanidine (ZanaflexÂ®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; and has an unlabeled use for low back pain. Eight studies have demonstrated efficacy 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. It may also provide benefit as an adjunct treatment for fibromyalgia. It is recommended to use this medication with caution in individuals with renal impairment and should be avoided in individuals with hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. Aside from the drug's being unlabelled for low back pain treatment, there is no documentation of this employee's renal or hepatic function test results in the record reveiwed, prior to prescription of this medication. The request for one prescription of Tazanidine 4mg #120 between 6/24/2013 to 9/14/2013 as not medically necessary and appropriate.

**One prescription of Skelaxin 800mg #60 between 6/24/2013 and 9/14/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 61, 65.

**Decision rationale:** The MTUS guidelines indicate that Metaxalone (marketed by King Pharmaceuticals under the brand name SkelaxinÂ®),a muscle relaxant, is recommended with caution as a second-line option for short-term pain relief in patients with chronic lower back pain. It is a muscle relaxant that is reported to be relatively non-sedating. The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system. Metaxalone was approved by the FDA in 1964 and data to support approval were published in the mid-1960s. Side effects include dizziness and drowsiness, although less than that compared to other skeletal muscle relaxants. Other side effects include headache, nervousness, nausea, vomiting, and GI upset. A hypersensitivity reaction (rash) has been reported. It is to be used with caution in patients with renal and/or hepatic failure. There is

limited information provided for review on this employee. The request for one prescription of Skelaxin 800mg # 60 from 6/24/2013 to 9/14/2013 is not medically necessary and appropriate.