

<b>Case Number:</b>	CM13-0048978		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/31/2004
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 44-year-old male with date of injury of 08/31/2004. The listed diagnoses per [REDACTED] dated 10/31/2013 are Sprain of the lumbar spine, Neuralgia, neuritis, and radiculitis, unspecified, degeneration of the lumbar or lumbosacral intervertebral disk, post laminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis or radiculitis, unspecified, displacement of lumbar intervertebral disk without myelopathy, and other symptoms referable to the back. The patient has ongoing significant throbbing and aching pain in the right leg with tingling and pins and needles now radiating to his right foot with associated numbness. The pain follows a line anterior to the lateral thigh and leg to the top of the right foot. He describes his pain as electrical and pounding. The patient underwent a trial of intrathecal opiate, Dilaudid, on 07/22/2013. He reports his severe pain greatly improved but he did experience expected side effects of diaphoresis and pruritus. The physical examination of the lumbar spine shows tenderness to the paraspinal region at L4 and iliolumbar region. There is also tenderness of the paraspinal region at L4. The active range of motion of the lumbar spine is within normal limits but produces pain. Right ankle reflex is diminished. There is decreased sensation on the lateral leg and dorsum of their foot at L5 and decreased sensation on the sole of the foot and posterior leg at S1. Straight leg raise is positive. The utilization review denied the request on 11/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORFLEX #100:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines regarding muscle relaxant states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations of patients with chronic low back pain. In this case, the patient presents with chronic back pain with radiating symptoms to the right lower extremities. The medical records show that the patient has been taking Norflex since 02/2013. In this case, muscle relaxants are only indicated for short term treatment of acute exacerbations. The request for Norflex # 100 is not medically necessary and appropriate.

**INTRATHECAL ZICONOTIDE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ziconotide (Prialt®).

**Decision rationale:** The MTUS and ACOEM Guidelines are silent with regards to this request. However, the Official Disability Guidelines (ODG) on Ziconotide (Prialt®) states that it is indicated for patients who have failed a trial of intrathecal morphine or hydromorphone (Dilaudid). In addition, ODG states, "Indicated for the management of severe chronic pain in patients for whom intrathecal therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies or IT morphine, and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects." In this case, patient presents with chronic back pain with radiating symptoms to the right lower extremities. Documents show that the patient underwent a trial of an intrathecal Dilaudid, on 07/22/2013. He reports that his severe pain greatly improved but he did experience side effects including diaphoresis and pruritus. The progress report dated 10/03/2013 documents that the patient's pain is not adequately managed with current oral medications including Norco, Norflex, and lidocaine cream. The records also show that the patient has utilized extensive treatments for pain relief including rhizotomy, drug treatments, epidural steroid injection, electrical stimulation, morphine pump and surgery. The request for Intrathecal Ziconotide is medically necessary and appropriate.