

<b>Case Number:</b>	CM13-0050272		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 66 year old male who reported an injury on 12/14/2009. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the right shoulder, cervical spine, and lumbar spine. The patient was treated with surgical intervention of the shoulder, and conservative treatments to include physical therapy, medications, psychiatric support, and acupuncture. The patient's chronic pain was managed with medications and monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation revealed the patient had chronic pain of the bilateral knees, low back, neck, and bilateral shoulders. Physical findings included tenderness to palpation over the paravertebral cervical and lumbar musculature with a positive straight leg raising test, and restricted range of motion secondary to pain. The patient's medication schedule included Tylenol No.3 and Zanaflex. The patient's diagnoses included postoperative knee pain and osteoarthritis of the bilateral knees. The patient's treatment plan included refill of medications and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Tylenol No.3 #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends that the continued use of medications be supported by documentation of functional benefit, managed side effects, the patient is monitored for aberrant behavior, and a quantitative assessment of pain relief to establish the efficacy of the medication. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with a quantitative assessment of pain relief to establish the efficacy of the medication. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens. However, the documentation does not include a quantitative assessment of pain or evidence of increased functional benefit as a result of medication usage. Therefore, the continued use is not supported. As such, the requested Tylenol No.3 #60 is not medically necessary or appropriate.

**Zanaflex 4mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Muscle Relaxants, Page(s): 60, 63.

**Decision rationale:** The requested Zanaflex 4 mg, #45 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the use of muscle relaxants for short courses of treatment not to exceed a duration of 2 to 3 weeks. Additionally, California Medical Treatment Utilization Schedule recommends that continued use of medications in the management of chronic pain be supported by evidence of pain relief and increased functionality. The clinical documentation submitted for review does not provide any evidence of significant pain relief or increased functionality to support extending treatment beyond guideline recommendations. Therefore, continued use would not be indicated. As such, the requested Zanaflex 4 mg, #45 is not medically necessary or appropriate.