

<b>Case Number:</b>	CM13-0051274		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Geriatrics and is licensed to practice in New York State. 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 injured worker is a 41 year old man with a date of injury of May 13, 2013, involving his low back and left shoulder. Radiographs were negative for acute disease or fracture and he was treated with a course of physical therapy. The primary treating physician evaluation of September 5, 2013, indicates that he had ongoing back and left shoulder pain. On physical exam, the impingement maneuver was positive on the left shoulder and range of motion was limited with weakness noted on forward flexion and abduction against mild to moderate resistance. His low back mobility 'remained limited' with a straight leg raise causing pain at 75 degrees. An MRI, additional physical therapy and renewal of medications was planned. At issue in this review are the medications Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 66. Decision based on Non-MTUS Citation Opioids, specific Drug list Hydrocodone/Acetaminophen and Antispasticity/Antispasmodic Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation UpToDate

**Decision rationale:** Zanaflex or tizadine is a muscle relaxant used in the management of spasticity. This injured worker has left shoulder and back pain with an injury sustained in 2013. His medical course has included radiographs, physical therapy and medications including narcotics and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The physician visit of September, 2013, fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify long-term use. The medical necessity for zanaflex is not supported in the records.

**Norco 5/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 66. Decision based on Non-MTUS Citation Specific Drug list Hydrocodone/Acetaminophen and Antispasticity/Antispasmodic Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has left shoulder and back pain with an injury sustained in 2013. His medical course has included radiographs, physical therapy and medications including narcotics and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The physician visit of September 5, 2013, fails to document any improvement in pain, functional status or side effects to justify continued use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The norco is denied as not medically necessary.