

<b>Case Number:</b>	CM13-0051711		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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 applicant is a represented 57-year-old who has filed a claim for chronic neck pain and chronic upper extremity pain reportedly associated with an industrial injury of January 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of psychotherapy/cognitive behavioral therapy; analgesic medications; muscle relaxants; a TENS unit; and extensive periods of time off of work. It appears that the applicant may be off of work from a mental health perspective as opposed to a medical perspective. In a Utilization Review Report of October 29, 2013, the claims administrator approved a request for Relafen, denied a request for Norco, and denied a request for Zanaflex. The applicant subsequently appealed. In an October 15, 2013 progress note, the applicant reports that usage of baclofen at a heightened dose has been ineffectual. The applicant states that her pain is 7/10 which reduces to 5/10 on medications. Tightness is noted about the trapezius. The applicant apparently had a recent PET scan which is negative for cancer. The applicant is presently on Norco, Relafen, Cymbalta, and baclofen. Tenderness and spasm are noted about the trapezius muscles. The applicant does have non-industrial breast cancer, depression, and anxiety, complicating issues with low back pain, mid back pain, and neck pain. An epidural steroid injection, Norco, Relafen, and Zanaflex are endorsed, along with a rather proscriptive 10-pound lifting limitation. Multiple psychiatric progress notes of October 2013 suggested the applicant has a guarded mental health prognosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco #60 (DOS 10/15/2013): Upheld**

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, it does not appear that the applicant meets each of the aforementioned criteria. It does not appear that the applicant has returned to work, although this may be a function of her mental health issues as opposed to any medical problems per se. The reduction of pain score from 7/10 to 5/10 appears negligible when viewed in the face of her heightened pain and reducibility of function appreciated on the most recent office visit. Therefore, the request remains non-certified, on Independent Medical Review.

**Zanaflex 4mg #60(DOS 10/15/2013): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This request seemingly represented a first-time request for Zanaflex and/or reintroduction of Zanaflex after a lengthy amount of time. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed for off-label purposes in the treatment of low back pain, as it is present here. On October 15, 2013, it was suggested that the applicant had tried or failed other analgesic medications, including both Norco and baclofen. A trial of Zanaflex was therefore indicated and appropriate. Accordingly, the request is retrospectively certified, on Independent Medical Review.