

<b>Case Number:</b>	CM13-0062996		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 57 year old that sustained injury on 3/14/2002. The diagnoses listed are low back pain, right knee surgery in 1985 and rotator cuff injury. [REDACTED] listed past treatments consisting of lumbar epidural steroid injections, physical therapy and medications management with fentanyl patch, baclofen and NSAIDs in 2012. An MRI of the lumbar spine confirmed multilevel degenerative disc disease with foraminal stenosis. The EMG was reported as normal by [REDACTED]. Current medications listed are Tizanidine for muscle spasm, Diazepam for anxiety, Nexium for gastritis prophylaxis, Norco 10/325mg # 180 for pain relief and chlorzoxazone 500mg #180 for muscle spasm. A Utilization Review decision was rendered on 11/18/2013 for modified certification of Norco 10/325mg #120 and non-certification of chlorzoxazone 500mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the long term use of opioids in the treatment of chronic pain. The records show that the patient previously completed physical therapy, chiropractic therapy, lumbar epidural steroid injections, right knee surgery and medications management with NSAIDs, baclofen and fentanyl patch. The patient is currently on concurrent treatment with muscle relaxants and diazepam. These medications can cause drug interactions with high dose opioid medication leading the side effects of addiction, dependency, over sedation and respiratory depression. The lowest possible maintenance dosage of opioids that can provide pain relief and functional restoration is recommended. Compliance monitoring with UDS should be documented during chronic opioid therapy.

**CHLOROXAZONE 500MG #180:** Upheld

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

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

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants and related compounds in the treatment of muscle spasm associated with chronic pain. Chlorzoxazone is taken orally as an adjunct during periods of physical therapy treatments to decrease discomfort in acute painful musculoskeletal conditions. The mode of action and efficacy of chlorzoxazone is not established. Chlorzoxazone is thought to cause less sedation and less abuse potential than other muscle relaxants. The guideline does not recommend the chronic use of chlorzoxazone or other muscle relaxants in the treatment of chronic pain. Muscle relaxants are recommended only during acute injury or when muscle spasm is associated with periodic flare ups. The patient was injured in 2002.