

<b>Case Number:</b>	CM13-0069701		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 injured worker is a 63 year old male who reported an injury on 12/01/2010 secondary to unknown mechanism of injury. The diagnoses include lumbar stenosis, bilateral shoulder strain and bilateral knee arthritis. The injured worker was evaluated on 11/21/2013 for reports of 4/10 low back pain radiating to right buttocks and better with medication, left knee 7/10 sharp pain increased with range of motion and clicking noted and right knee 2-3/10 sharp, constant pain increased with range of motion. The exam noted pain to left medial joint, along the lumbar paraspinous muscle and positive McMurry's. The plan of care indicates ibuprophen, tizanidine, norco and synvisc injection. There is a request for authorization dated 11/21/2013 in the documentation provided; however no rationale is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG TID #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

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

**Decision rationale:** The request for Tizanidine 4mg tid #150 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation shows the injured worker has been prescribed this medication since at least 11/20/2012. This exceeds the time frame for consideration as short-term use. Therefore, based on the documentation provided, the request is not medically necessary or appropriate.

**NORCO 10/325 ONE PER DAY PRN PAIN #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Section Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The request for Norco 10/325 one per day prn pain #30 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of opioids for on-going management of chronic pain. They guidelines also state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The documentation provided shows no objective documentation of pain relief, functional status, monitoring for aberrant drug taking behaviors or side effects. Therefore, based on the documentation provided, the request is not medically necessary or appropriate.