

<b>Case Number:</b>	CM13-0071013		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; and muscle relaxants. In a utilization review report of November 26, 2013, the claims administrator denied a request for Colace, denied a request for Klonopin, denied a request for Norco, and denied a request for tizanidine. The applicant's attorney subsequently appealed. In a progress note of September 5, 2013, the applicant was described as reporting persistently worsening low back pain, 9/10, with superimposed neck pain and wrist pain. The applicant stated that she recently went to the emergency department. Positive straight leg raising was noted bilaterally with limited lower extremity strength and decreased sensation. Norco, Klonopin, Zanaflex, and Colace were endorsed as was lumbar corset. The applicant's permanent work restrictions were renewed. An earlier note of August 15, 2013 was notable for comments that the applicant was in tears owing to heightened pain. Norco was inadequate for pain relief purposes, it was stated. Nevertheless, Norco, Klonopin, and Medrol were prescribed. An epidural steroid injection was performed in the clinic setting. It did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 CAPSULES OF COLACE 100MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

**Decision rationale:** In this case, the applicant is using Norco chronically. Providing usage of a laxative (Colace) to combat opioid-induced constipation is indicated to be appropriate and compatible with page 77 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified.

#### **60 TABLETS OF KLONOPIN 1MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Topic Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Klonopin are not recommended for chronic or long-term use purposes, for pain, for muscle relaxant effect, for anticonvulsant effect, for antidepressant effect, and/or for insomnia. In this case, the attending provider states that he is employing Klonopin for sleep. This is not an approved indication for the same, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on an independent medical review.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 includes evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work. The applicant had failed to achieve any improvement in function and/or successful reduction in pain as result of ongoing Norco usage. The most recent office visits provided suggested that applicant's pain complaints are heightened, despite ongoing Norco usage. For all of the stated reasons, then, the request for Norco is not certified, on independent medical review.

#### **90 TABLETS OF ZANAFLEX: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants , Tizanidine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, Tizanidine Section Page(s): 66.

**Decision rationale:** As noted on the most recent progress report of September 5, 2013, Zanaflex was a new introduction. The attending provider wrote that previous usage of cyclobenzaprine or Flexeril had been unsuccessful in combating the applicant's pain and spasms. As noted in page 66 of MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is FDA approved for the management of spasticity and can be employed off-label in the treatment of low back pain, as was present here. In this case, given the failure of multiple other agents, a trial of Zanaflex was indicated, appropriate, and supported by page 66 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request for Zanaflex is certified, on independent medical review.