

<b>Case Number:</b>	CM14-0011013		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Management and is licensed to practice in California and Nevada. 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 61 year old female who reported an injury to her low back 10/03/02. The clinical note dated 06/06/13 indicates the injured worker complaining of right shoulder pain. Upon exam, the injured worker was able to demonstrate 4/5 strength at the supraspinatus and infraspinatus. The injured worker was able to also demonstrate 140 degrees of forward elevation and 30 degrees of external rotation. The clinical note dated 06/07/13 indicates the injured worker utilizing Norco as well as Flexeril for ongoing pain relief. The clinical note dated 07/03/13 indicates the injured worker utilizing a spinal cord stimulator. The clinical note dated 10/15/13 indicates the injured worker describing a progressive nature of the low back pain. The computed tomography (CT) scan of the lumbar spine dated 09/04/13 revealed a diffused posterior annular bulge at L1-2. Moderate spinal stenosis was identified at L2-3. A solid fusion appeared at L5-S1. The clinical note dated 12/06/13 indicates the injured worker continuing with the use of Norco and Zanaflex for pain relief. The utilization review dated 01/17/14 resulted in a partial certification for the use of Norco in order to wean off the medication. The use of Zanaflex resulted in a non-certification as muscle relaxants are generally supported for short term use only. Additionally, no information was submitted regarding the injured worker's ongoing functional benefits with the use of Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 #360:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 76-80

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines OPIOIDS Page(s): 91.

**Decision rationale:** The request for Norco 10/325mg, #360 is non-certified. The documentation indicates the injured worker complaining of pain at several sites, more significantly at the low back and right shoulder. The use of opioid therapy is indicated for injured workers with significant levels of pain for short term use only. There is an indication the injured worker has been utilizing Norco for a prolonged period of time. No objective data was submitted regarding the injured worker's positive response to the ongoing use of this medication. Given the recommendations as outlined in the Chronic Pain Treatment Guidelines for short term use only and taking into account the injured worker's prolonged use of this medication, this request is not indicated as medically necessary. Additionally, the injured worker has previously undergone a weaning process off of Norco. Given the length of time, it would be reasonable to surmise that the injured worker has completely weaned off of this medication. The request is not medically necessary.

**ZANAFLEX 4MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

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

**Decision rationale:** The request for Zanaflex 4mg, #90 is non-certified. The use of muscle relaxants is generally recommended for short term use only. Currently, no high quality studies exist supporting the long term use of muscle relaxants. Therefore, this request is not indicated as medically necessary as no information had been submitted regarding the injured worker's objective positive response with the continued use of this medication as per Chronic Pain Medical Treatment Guidelines. The request is not medically necessary.