

<b>Case Number:</b>	CM14-0124384		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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 55-year-old female who was injured on 8/25/2000. The diagnoses are neck pain, fibromyalgia, lumbar radiculopathy and low back pain. On 6/17/2014, the treating physician noted that the pain increased because of reduction on the pain medications. The pain score was 7/10 with medication and 10/10 without medications on a scale of 0 to 10. There were objective findings of tenderness over the cervical and lumbar spines, positive cervical compression and straight leg raising test but no palpable acute muscle spasm. On 11/14/2014, the pain score was 9/10 without medication but 5/10 with medications. The patient reported increased ADLs (activities of daily living) and increased ability to walk and go shopping with the utilization of the pain medications. The urine drug screen was noted to be consistent on 9/24/2013 and 7/10/2014. The CURES report was consistent. A Utilization Review determination rendered on 7/1/2014 recommended non-certification for Zanaflex 4mg #60 and Norco 10/325 #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, 2 tablets at bed time, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term use for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs (non-steroidal anti-inflammatory drugs) and PT (physical therapy). The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction and adverse interaction with sedatives and opioids. The records indicate that the patient did not have any subjective or objective findings of acute muscle spasm. The criteria for the use of Zanaflex 4mg #60 were not met. The request is not medically necessary.

**Norco 10/325mg 1 tablet every 4-6 as needed for pain #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The California MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard NSAIDs and PT. The records indicate that the patient did not respond to non-opioid treatments. There is adequate documentation of significant pain relief, increase in ADLs and functional restoration with the use of the Norco. There were no reported adverse effects related to the use of the Norco. The UDS and the state CURES data were reported to be consistent. The criteria for the use of Norco 10/325mg 4-6hrly #180 have been met. The request is medically necessary and appropriate.