

<b>Case Number:</b>	CM14-0126558		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/30/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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:

According to the records made available for review, this is a 55-year-old male with an 11/30/00 date of injury. At the time (7/18/14) of request for authorization for Naproxen 500MG #60 and Zanaflex 4mg #90 3 refills, there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities) and objective (antalgic gait) findings, current diagnoses (lumbosacral spondylosis and sciatica), and treatment to date (ongoing therapy with Motrin, Naproxen, and opioids with decrease in pain and increase in activities of daily living). In addition, medical report identifies a request for trial of Zanaflex as the patient has failed therapy with Soma and Flexeril. Furthermore, 8/13/14 medical report identifies additional objective findings (tenderness to palpation over the lumbar spine with muscle spasms and guarding). Regarding Zanaflex 4mg #90 3 refills, there is no documentation of acute exacerbation of chronic low back pain and the intention for short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis and sciatica. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Naproxen with decrease in pain and increase in activities of daily living, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Naproxen. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 500MG #60 is medically necessary.

**Zanaflex 4mg #90 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): page(s) 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses lumbosacral spondylosis and sciatica. In addition, there is documentation of a request for a trial of Zanaflex. Furthermore, there is documentation of chronic low back pain and muscle spasms. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of a request for Zanaflex 4mg #90 3 refills, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #90 3 refills is not medically necessary.