

<b>Case Number:</b>	CM14-0156371		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/15/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine & 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 53-year-old male who reported an injury on 10/15/2003. The mechanism of injury was not provided. The diagnosis included chronic right shoulder pain, C6 radiculopathy, right S1 radiculopathy, and right carpal tunnel syndrome. The past treatments included exercise and injections. The surgical history included a right shoulder surgery in 2005 and varicose vein surgery in 2009. The progress note, dated 08/12/2014, noted the injured worker complained of pain, rated 6/10, and reported he was taking no more than 1 Norco tablet per day, but other medications had been quite helpful. The objective findings noted no significant change. The medications include Norco 5/325 mg, daily as needed; Relafen 750 mg, daily; Zanaflex 4 mg daily; Neurontin 800 mg, twice daily; Prilosec 20 mg daily; and Cymbalta 60 mg, twice daily. The treatment plan requested to decrease Norco to #60 for 2 months, refill other medications, and recommended the injured worker continue exercising at the gym. The Request for Authorization form was submitted for review on 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The injured worker had unspecified pain rated 6/10. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is FDA approved for the management of spasticity with unlabeled use for low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no documentation of the quality of the injured worker's pain. There is no documentation of failure of first line medications. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. The injured worker had been prescribed Zanaflex since at least 11/07/2013. The continued use of the medication would exceed the guideline recommendations for a short course of treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Zanaflex 4mg #60 is not medically necessary and appropriate.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

**Decision rationale:** The injured worker had unspecified pain rated 6/10. He reported taking Norco once in a while, and no more than once a day. The California MTUS Guidelines recommend opioids as a second line treatment of moderate to moderately severe pain, and for long-term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instruments. Adverse side effects and aberrant drug taking behavior should also be assessed for ongoing management of opioids. There is no documentation of failure of first line medications. There is a lack of documentation indicating the injured worker has had significant objective functional improvements with the medications. There is no documentation of assessment of side effects or aberrant drug taking behaviors. The injured worker has been prescribed Norco since at least 11/07/2013. The continued use of this medication is not indicated or supported at this time. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norco 10/325mg #60 is not medically necessary and appropriate.