

<b>Case Number:</b>	CM14-0166093		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 and 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 underlying date of injury in this case is 04/10/2001. The date of the utilization review under appeal is 09/26/2014. The patient's diagnoses include lumbar strain, chronic back pain, lateral epicondylitis, and lumbar degenerative disc disease. The patient was seen in primary treating physician followup on 08/18/2014. The patient reported her medications were working well to decrease her pain and to allow her to be better rested and to manage her pain the following day. The medications included Ambien, Lidoderm, Zanaflex for spasms, Norco, hydrochlorothiazide, and metformin. The patient reported her low back pain was tolerable with medications, and with medications she was independent in self-care and could complete activities, such as sweeping, mopping, and dusting. The patient reported that Norco, in particular, was effective for pain relief so she could walk a longer distance and do activities of daily living. The patient reported that Zanaflex, in particular, was helpful for muscle spasms and that she had used this since November 2008, and with medications she could reduce her muscle spasms in order to sleep at night. The patient was encouraged to continue regular exercise as swimming and walking. The physician reported that there was no evidence of aberrant behavior. The patient's medications were continued. An initial physician review recommended non-certification of Norco, given the absence of documentation to support long-term opioid use, in particular given the lack of evidence of significant functional improvement. Regarding Zanaflex, the reviewing physician noted that the patient had been prescribed tizanidine since November 2008 with limited evidence of any sustainable functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The initial physician review notes that there was no evidence of functional improvement to support ongoing opioid use. However, the medical records do very specifically discuss particular items in the patient's daily function and the benefit of opioids and such treatment. The treatment plan additionally includes other forms of treatment including active exercise and a plan for a TENS trial in order to limit the dosage of opioids to the least necessary to achieve functional benefit. The 4 A's of opioid management have been met in this situation. This request is medically necessary.

**Zanaflex 4mg, #60:** Overturned

**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, Tizanidine Page(s): 66.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, states regarding tizanidine that some authors recommend its use as a first-line option for myofascial pain and that eight studies have demonstrated efficacy for low back pain. An initial physician review states that the medical records do not document functional benefit from Zanaflex. However, the treatment notes do very specifically discuss functional benefits from each of the patient's specific medications, including improved sleep with Zanaflex. This medication is supported by the treatment guidelines as a first-line medication, and in this situation it would be hoped to facilitate a reduction in the patient's need for opioid medication. This request is supported by the treatment guidelines. This request is medically necessary.