

<b>Case Number:</b>	CM14-0168739		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 underlying date of injury in this case is 7/2/2013. The date of the Utilization Review under appeal is 9/27/2014. The patient's diagnoses include neck pain, as well as cervical degenerative disc disease and also right shoulder pain status post arthroscopic repair. On 9/9/2014 the treating physician saw the patient in follow-up of neck and right shoulder pain. The treating physician noted that Norco continued to reduce the patient's pain by about 40% and allows him to be functional, although this was only lasting for 5 hours at a time and thus, he indicated that the patient needed to increase his dose of medication. The treating physician also dispensed Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #90: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the

four A's of opioid management. The medical records do not clearly provide such detail in this case. The records do not clearly discuss functional goals or functional benefit to support an indication for ongoing opioid use in a chronic setting. This request is not medically necessary.

**1 prescription of Zanaflex 4mg #60:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Muscle Relaxants discusses indications for Zanaflex. It is discussed as a potential medication on an off-label basis in some cases for chronic myofascial pain or low back pain. The medical records contain very limited information regarding the rationale for utilizing this medication off-label and do not clearly document the effectiveness of this medication to support ongoing use. This request is not medically necessary.