

<b>Case Number:</b>	CM14-0175363		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family Medicine and is licensed to practice in New Jersey & New York. 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 45 year-old female who injured her lower back on 6/1/05. She complains of lower back pain radiating down the right leg. She complains of numbness, tingling, and muscle spasms. On exam, she had decreased range of motion of her lumbar spine, tender paravertebral muscle spasms, decreased sensation over left leg and calf to light touch and decreased sensation over the lateral foot on right side to pinprick sensation. The patient is status post fusion at L4-L5 on 9/23/08. She had an MRI of the lumbar spine showing post-operative changes, no disc herniation or stenosis. Post-operatively, she developed failed back surgery syndrome. She was diagnosed with post lumbar laminectomy syndrome and lumbar radiculopathy. She had an epidural in 8/2012 and lumbar medial branch radiofrequency of L2-S1 bilaterally in 3/2012. She had permanent implantation of a dorsal column stimulator. Her medications include Celebrex, Norco, Oxycontin, Ambien, and Zanaflex. She has also been on Soma, Lyrica, and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxyconton 20 mg, ninety count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**Decision rationale:** The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function, although specifics were not listed, she had been able to go back to work full-time until she was let go. Her urine drug screens were appropriate. And she did not have any adverse side effects to the medication or aberrant drug behavior. She was being followed by a pain management specialist and has been stable on this dose. Because her muscle relaxant is not medically necessary and would need to be discontinued, it is reasonable and medically necessary to remain on Oxycontin at this time.

**Zanaflex 2 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. The patient is currently on Celebrex. Efficacy wanes over time and chronic use may result in dependence. The patient has been prescribed this since long-term Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.