

<b>Case Number:</b>	CM14-0026744		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/23/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopedic Surgery 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:

This is a 58-year-old female who sustained an injury to her low back on 10/23/08. The records provided for review document that the claimant is now status post lumbar decompression and fusion from L4 through S1. Post-operatively, the records note chronic complaints of pain. The most recent clinical report dated 12/10/13 described continued complaints of low back pain with objective findings of an antalgic gait, restricted lumbar range of motion, tenderness to palpation, and difficulty with both heel and toe walking. The clinical report documented that a urine drug screen was completed at that time and was noted to be positive for alcohol use. The report of plain film radiographs taken in November 2013 showed no significant interval abnormality at the level of the fusion. The records do not contain any documentation of improvement with the claimant's medication management or recent onset of acute clinical findings. There is a current request for continued use of Tizanidine, quarterly laboratory testing, and continued use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZAMIDINE 4MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle Relaxants chapter: Tizanidine (Zanaflex), page 66.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support the continued use of Tizanidine. According to the Chronic Pain Guidelines, muscle relaxants are only recommended as a second line option for short term acute exacerbations of pain complaints. There would be no indication for continued use of muscle relaxants on a chronic basis in this individual. There is no documentation of acute pain complaints or documentation of first line treatment. The role of this agent would not be supported as medically necessary.

**QUARTERLY LABS POC:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Drug Testing chapter, page 43

**Decision rationale:** The continued laboratory testing in the form of urine drug screens would not be indicated. The California MTUS Chronic Pain Guidelines do support the role of routine urine drug screen; however, the continued use of narcotic medication in this individual has not been supported. Thus, the need for continued drug screen monitoring with laboratory assessment would not be supported.

**NORCO 10/325MG #54:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids-Criteria for Use chapter, pages 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support the continued use of Norco. The medical records document that the claimant has already been prescribed an appropriate weaning dose of Norco in February 2014. There is no documentation in the records that the claimant is experiencing an acute flare of symptoms to require treatment with Norco. The further use of Norco for short-acting analgesic purposes without documentation of acute symptomatic findings, change in clinical symptoms, or change in clinical presentation would not be indicated. As such, the request is not medically necessary.