

<b>Case Number:</b>	CM14-0035432		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Geriatrics, and is licensed to practice in 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 58 year old woman with a date of injury of 8/26/10. She is status post C5-6 fusion in 2006 and C6-7 fusion in 2010. She had a spinal cord stimulator trial in 2/2013 with a decrease in neck and shoulder pain by greater than 50%. She complained of constant pain with numbness in her fingers. Her physical exam showed normal head exam. She had a healed cervical spine scar with antalgic gait. She was tender to palpation along her cervical and lumbar spine with reduced range of motion. She had weakness in the intrinsic right hand muscles and wrist bilaterally. She had 3-4/5 strength in all lower extremity muscle groups. Sensation was normal in her upper and lower extremities. Her diagnoses included degenerative disc disease of the cervical and lumbar spine. Issues in review are the prescriptions for Norco (ongoing), Imitrex (ongoing) and Zanaflex which appears to be new.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

**Decision rationale:** The 58 year old injured worker has chronic back, arm and neck pain with an injury sustained in 2010. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. MTUS Chronic Pain Guidelines on opioid use are ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects are required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The visit of 2/13 failed to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. Therefore, the request for Norco is not medically necessary or appropriate.

**Imitrex 100mg, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (updated 11/18/13) Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Acute treatment of migraine in adults.

**Decision rationale:** This 58 year old injured worker has chronic back, arm and neck pain with an injury sustained in 2010. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. Imitrex is used in the acute treatment of migraines. The visit of 2/2013 does not include any documentation to support a diagnosis of migraine headaches or substantiate the medical necessity of Imitrex. Therefore, the request for Imitrex 100mg #10 is not medically necessary.

**Zanaflex 4mg, #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs: Tizanidine (Zanaflex, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 pages 63-66 Page(s): 63-66.

**Decision rationale:** Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. This 58 year old injured worker has chronic back, arm and neck pain with an injury sustained in 2010. Her medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The visit of 2/13 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify long-term use. The medical necessity for Zanaflex is not supported in the records.