

<b>Case Number:</b>	CM14-0036542		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/23/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on October 23, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated June 19, 2014, indicates there are ongoing complaints of lower thoracic spine pain and muscle spasms. Current medications listed include Norco, Klonopin, Zanaflex, Ambien, and Prozac. The physical examination demonstrated tenderness, trigger points, and spasms along the bilateral parathoracic muscles. There were similar findings along the lumbar spine and was a normal lower extremity neurological examination. The treatment plan included decreasing the dosage of Norco and the urine toxicology screen was ordered. Continued participation in a home exercise program and Aqua therapy was recommended. Diagnostic imaging studies were not reviewed during this visit. A request was made for a psychiatric consultation, Klonopin, Zanaflex, and Norco and which has been deemed to be not medically necessary in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consultation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**Decision rationale:** According to the most recent progress note dated June 19, 2014, and the injured employee does not have any complaints of any psychological related issues; nor are there any diagnoses of one made. Considering this, it is unclear why there is a request for a psychiatric consultation. This request for a psychiatric consultation is not medically necessary.

**Klonopin 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Klonopin is a benzodiazepine often prescribed to control seizures as well as treat anxiety and panic disorders. The injured employee is not diagnosed with any of these conditions. Therefore, this request for Klonopin is not medically necessary.

**Zanaflex 6mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have physical exam findings of spasms along the thoracic and lumbar spine. Therefore, this request for Zanaflex is medically necessary.

**Norco 10/325 mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement

in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.