

<b>Case Number:</b>	CM14-0038258		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/25/2001
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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:

This is a 48-year-old female with a 10/25/01 date of injury. The mechanism of injury was when she was stuck in traffic on a business trip and the drive was longer than expected. When she got out of the car her right leg gave out. According to a 5/12/14 progress note, the patient complained of constant moderate right knee pain rated 5-8/10 on a pain scale of 0-10, lower back pain that radiated to bilateral hips, headaches, moderate neck pain, left>right shoulder pain, right elbow and wrist pain, numbness in the right hand. Objective findings: paraspinal muscle tenderness bilaterally, sacroiliac joint tenderness, mild sciatic notch tenderness, range of motion decreased by 10% in all directions, decreased temperature sensation in the bilateral lower extremities, tenderness on palpation over the bilateral knees. Diagnostic impression: lumbar spine sprain/strain due to cumulative trauma, right>left knee pain status post two surgeries, right carpal tunnel syndrome. Treatment to date: medication management, activity modification, acupuncture, physical therapy, surgery. A UR decision dated 3/21/14 modified the request for Mobic 15 mg #30, 3 refills to Mobic with zero refills. In this case, with documentation of pain with clinical deficits and limitations upon examination, medical necessity of Mobic is established. Additional certification will require evidence of measurable subjective and/or functional benefit as a result of medication and the need for continuation, or this one month supply will be discontinued on subsequent review. Avinza 75 mg #60, 3 refills and Norco 10/325 mg #30, 1 refill were modified to Avinza 75 mg #60, 0 refills and Norco 10/325 mg #30, 0 refills for weaning purposes. There was no documentation of current urine drug test, risk assessment profile, and a pain contract. Zanaflex 4 mg #60, 1 refill was modified to Zanaflex 4 mg #60, 0 refills for weaning purposes. Muscle relaxants are recommended for short-term usage only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 15mg #30, 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the most recent progress report dated 5/12/14, the patient complained of experiencing more severe pain, increased severity of flare-ups of pain at the lower back, hips, and knees. There is no mention in the reports reviewed that the patient has had any functional improvement from using Mobic. Therefore, the request for Mobic 15mg #30, 3 refills was not medically necessary.

**Avinza 75mg #60, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is documented in a 5/12/14 progress note that Avinza was allowing her to do activities of daily living such as shopping, cleaning house, and doing laundry without stated side effects with reliable pain management. However, in the most recent progress report dated 5/12/14, the patient complained of experiencing more severe pain, increased severity of flare-ups of pain at the lower back, hips, and knees. The information provided is contradictory. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. However, this request is for a 4-month supply of Avinza, and according to the most recent report reviewed, the patient is complaining of increasing pain, her pain medication regimen should be evaluated more frequently than every 4 months. Therefore, the request for Avinza 75 mg #60, 3 refills was not medically necessary.

**Zanaflex 4mg #60, 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is documented that the patient has been on Zanaflex since at least 9/20/13, if not earlier. A specific rationale as to why Zanaflex is required in this patient despite lack of guideline support was not provided. Therefore, the request for Zanaflex 4 mg #60, 1 refill was not medically necessary.

**Norco 10/325mg #30, 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient states in a 2/14/14 progress note that pain killers are allowing her to do activities of daily living such as shopping, cleaning house, and doing laundry. However, this is contradictory to documentation from a report dated 5/12/14, in which she complained of experiencing more severe pain, increased severity of flare-ups of pain at the lower back, hips, and knees. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #30, 1 refill was not medically necessary.