

<b>Case Number:</b>	CM14-0068520		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Massachusetts. 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:

According to the documents available for review, the patient is a 60-year-old female who sustained injuries to her low back and neck and bilateral wrists related to performing computer work. The date of injury is April 16, 2007. The patient endorses pain in her upper back, clavicle region, low back, right lower arm, and right posterior thigh. Per the note dated November 4, 2013, the pain is aggravated by bending, twisting, lifting, walking, and sitting. The patient endorses no side effects from the medication and also reports improved analgesia on her medication regimen. The patient is currently being treated with the multimodal pain medication regimen consisting of Norco, Cymbalta, and Zanaflex. The patient has been utilizing these medications for long-term treatment of chronic pain condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 135:** 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 Opioids Page(s): 74-97.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, the long term usage of opioids requires that (a) Prescriptions come from a single practitioner, are taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs; (d) To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management; (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should occur; (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) should occur; (g) Continuing review of the overall situation with regard to nonopioid means of pain control should occur; and (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in three months. The treating physician should consider a psych consult if there is evidence of depression, anxiety, or irritability. Additionally, the MTUS states that continued use of opioids requires that (a) the patient has returned to work, and/or (b) the patient has improved functioning and pain. According to the documents available for review, the patient is currently not working, and, while the patient's pain scores are 9/10 prior to medication and 3/10 after medication, there is no documentation of improved functioning on opioids relative to baseline. Therefore, the requirements for treatment have not been met and medical necessity has not been established.

**Zanaflex 2mg QTY: 90:** 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 Antispasticity / Antispasmodic Drugs, Zanaflex Page(s): 63-66.

**Decision rationale:** According to the MTUS, Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for the management of spasticity; it also has an unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as

an adjunct treatment for fibromyalgia. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. According to the documents available for review, the patient has been utilizing Zanaflex for the long-term treatment of a chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, the requirements for treatment have not been met and medical necessity has not been established.