

<b>Case Number:</b>	CM14-0070232		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 50 year old male with a work injury dated 9/23/06. The diagnoses include status post traumatic fall; status post thoracic and lumbar spinal instrumentation; status post left acetabular fracture and open reduction internal fixation of the fracture through and ilioinguinal approach; chronic pain syndrome; prescription narcotic dependence, thoracic spine strain, lumbar spine strain, Under consideration is a request for Norco 10/325mg #90, unknown prescription of Zanaflex; and 1 total gym. There is a primary treating physician report dated 3/21/14 that states that the patient's pain right now is 8/10, without medications The patient's pain score with medications is 3/10. (1 being no pain and 10 being the worst pain imaginable) Objective findings include vital signs, weight, BMI and a urine drug screen (UDS) December 3, 2013: Positive for THC, Hydrocodone, and Hydromorphone. The discussion states that he is doing well with his current protocol and therefore it will be continued. The patient will continue his current medications which include Norco and Zanaflex. There is a request for a total gym. A 3/13/2014 progress note states that the patient noted pain in left groin, along with swelling and discomfort especially with bowel movements. The pain is with lifting and symptoms have not changed since his last visit. His low back and left thigh remain with pain and rated as 6-7/10 and mostly intermittent pain. He notes he needs Norco on regular basis when his pain becomes more severe as it is at times constant in which he requires a little more pain medications. He is doing home exercises to try and improve strength and help reduce pain which is mostly core strengthening. He wants to change to another pain management doctor because of the service and some unnecessary meds being provided to him. He goes for walks, does most chores around the house, and has problems doing activities such as kneeling, bending, stooping, squatting, sitting, and standing for any period of time. He also alternates sitting and standing. In the physical exam

he was found to have depression and He has a left pelvis scar over the left posterior/superior iliac spine, severe muscle spasm with fibromuscular nodules over the left and right posterior/superior iliac crest that was very tender on percussion and is painful to palpation. There is muscle spasm in the left gluteal region and the left sacrum coccyx also painful to palpation. His thoracolumbar flexion is 70 degrees and extension is 15 degrees. He was unable to do bilateral leg raise and unable to do a Sit-up. He had a positive Patrick's Fabere test, positive Gaenslen's test, positive Trendelenburg test, a protrusion in the left inguinal area occurring right at the area of the 3 inch incisional scar on the left and a bulge protrudes with Valsalva's maneuver. He also has hypoalgesia and anesthesia over the anterior and lateral left hip and thigh. His Quadriceps are weak, tibialis anterior weak, foot extensors weak, left hip range of motion limited in all ranges, and pain with pressure on pubis symphysis with loss of flexibility. There is pain in groin that is sharp and stabbing when running, kicking, changing directions, and routine activities. An MRI on 3/3/14 shows small fat containing right inguinal hernia and moderate fat containing left inguinal hernia. There are requests for Naproxen, Omeprazole, Tizanidine and Norco. He is still permanently disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The documentation indicates the patient has been on Norco since 2008 without significant functional improvement as defined by the MTUS. Additionally there have been inconsistent prior urine toxicology screens which have not been addressed. Therefore the request for the continuation of Norco is not appropriate and Norco 10/325mg #90 is not medically necessary.

**Unknown prescription of Zanaflex:** 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 Muscle relaxants (for pain) page 63; Tizanidine (Zanaflex, generic available) page 65 Page(s): 63; 65.

**Decision rationale:** The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain.

The documentation indicates that the patient's pain is chronic. The request has no quantity or time limited duration. The request for unknown prescription of Zanaflex is not medically necessary.

**1 total gym:** 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 Exercise Page(s): 46-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- exercise.

**Decision rationale:** The MTUS guidelines do support exercise but state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise program. The ODG states that while a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. The request is not asking for a temporary exercise program but rather a request for home exercise equipment. It is not clear why the patient requires this equipment over an independent home exercise program that does not require the use of elaborate equipment. The request for 1 total gym is not medically necessary.