

<b>Case Number:</b>	CM14-0078550		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 and is licensed to practice in Nevada. 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 41-year-old gentleman who was reportedly injured on October 7, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 1, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness at the lower lumbar spine over L4 - L5 greatest on the right side. There was decreased lumbar spine range of motion secondary to pain. There was a positive right-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine reveals and L4 - L5 disc protrusion. Discogenic changes were also noted at L3 - L4 and L4 - L5. Previous treatment includes physical therapy, activity modification, pain management and epidural steroid injections. A request was made for Norco and tizanidine and was not certified in the pre-authorization process on May 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Mg #120 - 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at 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 objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Tizanidine 4Mg #60 - 2 Refills:** 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(s): 63-66.

**Decision rationale:** Tizanidine 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 not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for tizanidine is not medically necessary.