

<b>Case Number:</b>	CM14-0158911		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/26/2001
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New Jersey. 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 64-year-old female who reported an injury on 01/26/2001 due to an unspecified mechanism of injury. Her diagnoses include status post lumbar fusion, lumbar facet arthrosis, and chronic low back pain. Past treatments included surgery, medications, and home exercise. On 08/07/2014, the injured worker complained of chronic low back pain rated 9/10 due to a lack of medication. Her physical examination revealed the lumbar spine had spasm along with limited range of motion. She was noted to have a positive Lasegue's test bilaterally and a positive straight leg raise. Her motor strength and sensation were also noted to be decreased bilaterally. Her medications were noted to include Savella 50 mg, Norco 10/325 mg, Tizanidine 4 mg, and Neurontin 300 mg. The treatment plan included a prescription of Tizanidine 4 mg and Norco 10/325 mg. A rationale was not provided. A Request for Authorization Form was submitted on 08/21/2014. The 64 year old female injured work suffered an industrial accident on 1/26/2001. Details of the accident and injuries were not included in the medical record. Currently the diagnoses were lumbar spinal fusion, lumbar facet arthrosis, and chronic low back pain. The treatments included in the documentation are home exercise and medication management. The physician's progress reports from 1/9/2014 through 8/7/14 indicated that the injured worker was unable to carry out basic activities of daily living without that specific medication regime. The UR decision on 8/29/2014 indicated that the Norco and Tizanidine requests were modified by lowering the number of pills authorized because both drugs were not indicated for long term use and there was not any evidence of a qualifying exacerbation or flare up. The medical records provided did not include evidence of an exacerbation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tizanidine 4mg #90: Upheld**

**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): 63-64.

**Decision rationale:** The request for 1 prescription of Tizanidine 4mg #90 is not medically necessary. The California MTUS Guidelines recommend 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. Furthermore, muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, the guidelines state that they show no benefits beyond NSAIDs in pain and overall improvement, no additional benefits in combination with NSAIDs, and that efficacy appears to diminish overtime with prolonged use of some medications. It was noted the injured worker has chronic low back pain with presentation of spasms in the lumbar spine. It is also indicated the injured worker has been on Tizanidine since at least 01/09/2014. However, there is a lack of evidence to indicate acute exacerbation. Based on the recommendation of muscle relaxants only as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain and that the injured worker has been on the medication regimen longer than recommended, the request is not supported by the evidence based guidelines. In addition, the request fails to indicate a frequency. As such, the request is not medically necessary.

**1 prescription of Norco 10/325mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The request for 1 prescription of Norco 10/325mg #240 is not medically necessary. According to the California MTUS Guidelines, it is recommended that ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and a current urine drug screen to indicate drug related behaviors should be included. Pain assessments should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The injured worker is noted to have chronic low back pain. It was also noted the injured worker has been on Norco 10/325 mg since at least 01/09/2014. The documentation failed to provide evidence of a pain assessment to include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, and a current urine drug screen to included proper use and potential aberrant drug related behaviors. In the

absence of the required documentation, the request is not supported by the evidence based guidelines. In addition, the request fails to indicate a frequency. As such, the request is not medically necessary.