

<b>Case Number:</b>	CM14-0185305		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Rehabilitation 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 54 year-old patient sustained an injury on 10/13/2004 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #120, MRI scan of the cervical spine, and Zanaflex 4mg #60. Diagnoses include cervical intervertebral disc displacement without myelopathy/ cervical spinal stenosis/ neck sprain; brachial neuritis/radiculitis. Report of 9/23/14 from the provider noted the patient with chronic ongoing neck pain radiating to upper extremities rated at 7/10 with and 9/10 without medications. Exam showed cervical spine with decreased lordosis; diffuse tenderness over paravertebral musculature and trapezius muscles; decreased range with flex/ext/side bending/ rotation of 45/46/36/65 degrees; positive axial compression testing; diffuse decreased sensation at bilateral C5, C6, C7 dermatomes; DTRs 2+ without motor weakness. Treatment plan included continuing medications, MRI of cervical spine to consider cervical epidural steroid injection. The patient continued semi-sedentary work for this 2004 injury. The request(s) for Norco 10/325mg #120 was modified with no refills, MRI scan of the cervical spine and Zanaflex 4mg #60 were non-certified on 10/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This 54 year-old patient sustained an injury on 10/13/2004 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #120, MRI scan of the cervical spine, and Zanaflex 4mg #60. Diagnoses include cervical intervertebral disc displacement without myelopathy/ cervical spinal stenosis/ neck sprain; brachial neuritis/radiculitis. Report of 9/23/14 from the provider noted the patient with chronic ongoing neck pain radiating to upper extremities rated at 7/10 with and 9/10 without medications. Exam showed cervical spine with decreased lordosis; diffuse tenderness over paravertebral musculature and trapezius muscles; decreased range with flex/ext/side bending/ rotation of 45/46/36/65 degrees; positive axial compression testing; diffuse decreased sensation at bilateral C5, C6, C7 dermatomes; DTRs 2+ without motor weakness. Treatment plan included continuing medications, MRI of cervical spine to consider cervical epidural steroid injection. The patient continued semi-sedentary work for this 2004 injury. The request(s) for Norco 10/325mg #120 was modified with no refills, MRI scan of the cervical spine and Zanaflex 4mg #60 were non-certified on 10/8/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.

**MRI scan of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, Treatment Index, 12th Edition (web), 2014, Neck and Upper Back Chapter, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** This 54 year-old patient sustained an injury on 10/13/2004 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #120, MRI scan of the cervical spine, and Zanaflex 4mg #60. Diagnoses include cervical intervertebral disc

displacement without myelopathy/ cervical spinal stenosis/ neck sprain; brachial neuritis/radiculitis. Report of 9/23/14 from the provider noted the patient with chronic ongoing neck pain radiating to upper extremities rated at 7/10 with and 9/10 without medications. Exam showed cervical spine with decreased lordosis; diffuse tenderness over paravertebral musculature and trapezius muscles; decreased range with flex/ext/side bending/ rotation of 45/46/36/65 degrees; positive axial compression testing; diffuse decreased sensation at bilateral C5, C6, C7 dermatomes; DTRs 2+ without motor weakness. Treatment plan included continuing medications, MRI of cervical spine to consider cervical epidural steroid injection. The patient continued semi-sedentary work for this 2004 injury. The request(s) for Norco 10/325mg #120 was modified with no refills, MRI scan of the cervical spine and Zanaflex 4mg #60 were non-certified on 10/8/14. Symptoms and clinical findings have remained unchanged for this 2004 injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study for this 2004 chronic injury. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI scan of the cervical spine is not medically necessary and appropriate.

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** This 54 year-old patient sustained an injury on 10/13/2004 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #120, MRI scan of the cervical spine, and Zanaflex 4mg #60. Diagnoses include cervical intervertebral disc displacement without myelopathy/ cervical spinal stenosis/ neck sprain; brachial neuritis/radiculitis. Report of 9/23/14 from the provider noted the patient with chronic ongoing neck pain radiating to upper extremities rated at 7/10 with and 9/10 without medications. Exam showed cervical spine with decreased lordosis; diffuse tenderness over paravertebral musculature and trapezius muscles; decreased range with flex/ext/side bending/ rotation of 45/46/36/65 degrees; positive axial compression testing; diffuse decreased sensation at bilateral C5, C6, C7 dermatomes; DTRs 2+ without motor weakness. Treatment plan included continuing

medications, MRI of cervical spine to consider cervical epidural steroid injection. The patient continued semi-sedentary work for this 2004 injury. The request(s) for Norco 10/325mg #120 was modified with no refills, MRI scan of the cervical spine and Zanaflex 4mg #60 were non-certified on 10/8/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg #60 is not medically necessary and appropriate.