

<b>Case Number:</b>	CM14-0185601		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in 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:

The injured worker has a date of injury of 1/21/03. He is being treated for neck pain, low back pain and left knee pain. Pain level without medication is recorded as 8/10 and with medication recorded as 4/10. He remains active with pain medications. Physical examination was notable for reduced lumbar spine range of motion due to pain. There is normal gait and stance. Lower limb muscle power is normal. Lumbar MRI indicated evidence of multilevel degenerative changes. It is noted that the patient was on a chronic dose of Norco 10/325 6 tablets per day. On 10/7/14 request was made for Norco 10/325 #180 with 1 refill and tizanidine 4 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

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

**Decision rationale:** The injured worker is being treated for chronic foot, neck and low back pain. He has been diagnosed with degenerative lumbar spine and left knee . He is noted to have intermittent muscle spasm pain. Request for Norco was previously denied due to lack of

evidence of significant and quantifiable subjective and functional improvement findings. Progress notes indicate pain level was noted to improve to from 8/10 to 4/10 with use of Norco 6 pills per day. There is also notation of improved ADLs and community activity with pain medication. MTUS guidelines recommends continuation of opioid therapy if the patient has improved functioning and pain. With pain medication, the patient reportedly has significantly improved pain and maintains functional improvement. Request for Norco 10/320 is therefore medically necessary.

**1 prescription of Norco 10/325mg, #180 (DND until 11/7/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics drugs Page(s): 64-66.

**Decision rationale:** The injured worker is being treated for chronic foot, neck and low back pain. He has been diagnosed with degenerative lumbar spine and left knee . He is noted to have intermittent muscle spasm pain. Request for Norco was previously denied due to lack of evidence of significant and quantifiable subjective and functional improvement findings. Progress notes indicate pain level was noted to improve to from 8/10 to 4/10 with use of Norco 6 pills per day. There is also notation of improved ADLs and community activity with pain medication. MTUS guidelines recommends continuation of opioid therapy if the patient has improved functioning and pain. It also recommends 1.5 to 2 month interval follow up visits. With pain medication the patient reportedly has significantly improved pain and maintains functional improvement. There have been no reported side effects or aberrant behaviors. Request for Norco 10/325 is therefore medically necessary.

**One dispensed prescription of Zanaflex (Tizanidine) 4mg, #60:** Overturned

**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 antispasmodics drugs Page(s): 64-66.

**Decision rationale:** The injured worker is being treated for chronic foot, neck and low back pain. He has been diagnosed with degenerative lumbar spine and left knee . He is noted to have intermittent muscle spasm pain. His pain level was noted to improve to a 4/10 with use of Norco 6 pills per day. The treating provider plans to initiate a trial of as needed Tizanidine. MTUS guidelines recommends anti-spasmodics for short course therapy. Request for Zanaflex (Tizanidine) 4 mg when necessary for muscle spasms is consistent with guidelines and is therefore medically necessary.