

<b>Case Number:</b>	CM14-0187985		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 patient is a 58-year-old woman who sustained a work related injury on January 13, 2010. Subsequently, she developed chronic knee, neck, and back pain. The patient underwent cervical fusion on March 2012, left knee ACL and meniscal repair on October 20, 2011, and left knee hardware removal on September 15, 2014. MRI of the cervical spine done on April 29, 2013 showed severe artifact at C4-5 and pedicle screws at C5-6 and C6-7. There appears to be arthroplasty at C4-5. EMG of the bilateral upper extremities performed on September 9, 2013 documented chronic left C5 radiculopathy and mild right carpal tunnel syndrome. According to a progress report dated October 21, 2014, the patient stated that her main complaint is with the neck. She reported numbness that radiates down to the thumb and index finger of her fingers bilaterally, but more on the right side than left side. She stated that Zanaflex helps with the pain overall, but the side effects was drowsiness, so she only takes it at night. Objective findings included: left knee range of motion was 0 to 110. She did have some tenderness at the scar with knee flexion. She was able to extend the knee fully. She had decreased cervical range of motion with flexion and rotation with cervical compression. She did have radiation of paresthesia to the thumb and index finger of her right hand. The patient was diagnosed with neck pain, thoracic spine pain left knee pain, and depression and anxiety. The provider requested authorization for Relafen, Zanaflex, Baclofen, and UDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to MTUS guidelines, NSAIDs are recommended for knee and hip pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case the request was for Relafen 750 mg #60, which does not comply with MTUS guidelines for the use of NSAIDs for short period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of Relafen 750 mg #60 is not medically necessary.

**Zanaflex 4 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 4mg is not medically necessary.

**Baclofen 20 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 20 mg is not medically necessary.

**One urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, Urine Drug Screen (UDS) is not medically necessary.