

<b>Case Number:</b>	CM14-0193107		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 45 year-old patient sustained an injury on 12/10/2002 while employed by [REDACTED]. Request(s) under consideration include MS Contin 30mg #90, Norco 10/325mg #120, and Zanaflex 4mg #90. Diagnoses include lumbar disc displacement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 10/28/14 from the provider noted the patient with increased pain from cold weather; been taking Skelaxin and Zanaflex for spasm decreasing pain from 8 to 3-4/10 level, able to perform some household chores. Exam was unchanged with tenderness at low back with limited range in flex/ext of 80/30 degrees. The patient remained TTD status with treatment plan for medication refills. The request(s) for MS Contin 30mg #90, Norco 10/325mg #120, and Zanaflex 4mg #90 were non-certified on 11/4/14 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:

**MS Contin 30mg #90:** Upheld

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

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

**Decision rationale:** 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 functional 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 injury without acute flare, new injury, or progressive deterioration. The MS Contin 30mg #90 is not medically necessary and appropriate.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 116, Chronic Pain Treatment Guidelines Hydrocodone/APAP. Decision based on Non-MTUS Citation Official Disability Guidelines: 1)Therapeutic Trial of Opioids 2)Steps to take before a Therapeutic Trial of Opioids 3)Initiating Therapy 4)On-Going Management 5)Recommended Frequency of Visits While in Trial Phase 6)When to Discontinue Opioids 7)When to Continue Opioids

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

**Decision rationale:** The documents show that pain symptoms and clinical findings remain unchanged for this chronic injury. 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 returned to 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 injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #120 is not medically necessary and appropriate.

**Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Antispasticity/Antispasmodic drugs - Tizanidine (Zanaflex)

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2002. 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 #90 is not medically necessary and appropriate.