

<b>Case Number:</b>	CM14-0205418		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 39 year old female with an injury date of 05/12/14. Based on the 11/04/14 progress report provided by treating physician, the patient complains of chronic, diffuse lower back pain which radiates to the right and possesses a stabbing/aching quality rated 2-7/10. Physical examination on 11/04/14 revealed tenderness to palpation to lumbar and sacral paravertebral muscles, and hypertonicity. Range of motion of the lumbar spine was decreased on extension and flexion. Patient's medications include: ibuprofen, Norco, tramadol, Ultracet, Zanaflex. Per progress report dated 11/04/14 Zanaflex is prescribed for lower back pain/muscle spasm. Ultracet is prescribed. Per progress report 11/04/14 patient is "advised to continue physical therapy." MRI conducted on 05/27/14 notes L4/L5 post central superior extrusion with mild foraminal narrowing, L5/S1 right post lateral protrusion with mild right foraminal narrowing. Diagnosis 11/04/14, 9/24/14, 8/25/14- Lumbosacral radiculitis.- Degeneration of lumbosacral intervertebral disc.- Lumbar spondylosis.- Arthropathy of lumbar facet joint.- Low back painThe utilization review determination being challenged is dated 11/13/14. The rationale follows:1) Zanaflex 4mg tablet; once daily orally as needed, 30 days #30 refill 1 "...The documentation submitted for review did not show a decrease in the patient's symptoms to warrant continued use of Zanaflex."2) Ultracet 37.5mg-325mg tablet; once daily orally as needed, 30 days #30 refill 1 "The clinical documentation submitted for review does not meet the guidelines recommendations. The documentation submitted did not show a decrease in the patient's pain or increase in the patient's functioning to warrant continued use of the Ultracet..."Treatment reports were provided from 06/05/14 to 11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg tablet; once daily orally as needed, 30 days #30 refill:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain, Medications for chronic pain, Page(s): 66; 60.

**Decision rationale:** The patient presents with chronic, diffuse lower back pain which radiates to the right and possesses a stabbing/aching quality rated 2-7/10. The request is for Zanaflex 4mg Tablet; once daily orally as needed, 30 Days #30 Refill 1. Physical examination on 11/04/14 revealed tenderness to palpation to lumbar and sacral paravertebral muscles, and hypertonicity. Patient's medications include: ibuprofen, Norco, tramadol, Ultracet, Zanaflex. Per progress report 11/04/14 patient is "advised to continue physical therapy." MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66: "Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 11/04/14 Zanaflex is prescribed for lower back pain/muscle spasm. However, there is inadequate documentation of pain/spasm reduction and increased functionality owing to its use. Progress report dated 11/04/14 documents only "moderate improvement" attributed to Zanaflex use, but the degree of pain reduction and improvement of ADLs are not specified. It is therefore not known what Zanaflex has specifically done for the patient's chronic pain. MTUS page 60 require reporting of pain and function when medications are used for chronic pain. Given the lack of documentation of efficacy for Zanaflex, the request is not medically necessary.

**Ultracet 37.5mg-325mg tablet; once daily orally as needed, 30 days #30 refill:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Medications for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient presents with chronic, diffuse lower back pain which radiates to the right and possesses a stabbing/aching quality rated 2-7/10. The request is for Ultracet 37.5mg-325mg Tablet; once daily orally as needed, 30 Days #30 Refill 1. Physical examination on 11/04/14 revealed tenderness to palpation to lumbar and sacral paravertebral muscles, and hypertonicity. Patient's medications include: ibuprofen, Norco, tramadol, Ultracet, Zanaflex. Per progress report 11/04/14 patient is "advised to continue physical therapy." MTUS Guidelines pages 88 - 89 states, "Pain should be assessed at each visit, and functioning should be measured

at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Per progress report dated 11/04/14 Ultracet is prescribed to mitigate chronic lower back pain. However, there is inadequate documentation of pain reduction; no documentation of specific ADL's showing functional improvement and no behavioral issues are addressed such as urine toxicology, CURES report and pain contract. The four A's as required by MTUS are not addressed. Progress report dated 11/04/14 documents only "moderate improvement" with use of Ultracet. Such general statements are inadequate documentation and do not satisfy MTUS requirements for chronic opiate use. The request is not medically necessary.