

<b>Case Number:</b>	CM14-0207851		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	03/11/2004
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Physical Medicine Rehab 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 55 year old female with date of injury 03/11/04. The treating physician report dated (11/06/14) indicates that the patient presents with neck, lower back, left shoulder, and right shoulder pain. Patient states that her pain has increased since her previous visit in October 2014. She rates her pain 8/10 and it frequently is a 9/10. No physical exam was completed at this visit. The patient states her neck, back and bilateral shoulder pain has increased by about 20%. She reports no change in location of pain or any changes in characteristics of pain. Patient denies any new symptom or new injuries since last visit. The patient is currently prescribed Zanaflex, Ultracet, Lyon's Spec Keto, Aspirin, Lisinopril, and Metformin. The current diagnoses are: 1. Occipital Neuropath and Neuralgia 2. Musculotendinligamentous injury C/S3. Disc bulging, C/S4. Radiculopathy C/S5. Disc bulging L/S6. Lumbar/Thoracic/Lumbroscral Radiculitis/Neuritis/Radiculopathy Unspecified 7. Radiculopathy, L/S The utilization review report dated 12/2/14 denied the request for Zanaflex, Ultracet, and Lyon's spec Keto based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck, low back and bilateral shoulder pain. The current request is for Zanaflex 4mg #60 with 5 refills. The patient has been prescribed this medication since at least 6/9/14 and again on 9/4/14. MTUS page 66 supports Zanaflex for low back pain, myofascial pain and for fibromyalgia. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the treating physician has prescribed this medication for long term usage which is not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.

**Ultracet 37.5/325mg #60 with 5 refills:** Upheld

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

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

**Decision rationale:** The patient presents with neck, low back and bilateral shoulder pain. The current request is for Ultracet 37.5/325mg #60 with 5 refills. The patient has been prescribed this medication for some time with no known start date. MTUS Guidelines pages 88 and 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. A review of the reports provided do not show documentation or discussion of pain assessment at each visit, discussion of the 4As, or pain assessment and outcome measures per the above. Therefore, recommendation is for denial.

**Lyons Spec. Keto 10% #4 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with neck, low back and bilateral shoulder pain. The current request is for Lyons Spec keto 10% #4 with 5 refills. The patient has been prescribed this medication for some time with no known start date. MTUS Topical Analgesics guidelines pages

111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The current request contains Ketoprofen, Gabapentin, Lidocaine, and Cyclobenzaprine, which are all, not recommended by the MTUS guidelines. Recommendation is for denial.