

<b>Case Number:</b>	CM15-0105870		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 47-year-old male, who sustained an industrial injury, July 22, 2010. The injured worker previously received the following treatments Tizanidine, Norco, Zanaflex, Prilosec and random toxicology laboratory studies on December 9, 2014 was negative for any unexpected findings. The injured worker was diagnosed with lumbar spine sprain/strain, cervical spine sprain/strain, left shoulder, sleep difficulty and left shoulder with osteoarthritic changes. According to progress note of December 7, 2014, the injured workers chief complaint was left shoulder pain. The pain was increased by lifting, pushing and reaching. The physical exam noted parascapular pain in the SA and AC joints. The left shoulder impingement syndrome and plus crepitus. The left shoulder was positive for impingement in all planes. The treatment plan included prescriptions for Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2 mg #120:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in July 2010 and continues to be treated for left shoulder pain. When seen, there was decreased range of motion with tenderness and positive impingement and drop arm testing. Medications include Norco at a total MED (morphine equivalent dose) of 40 mg per day. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in July 2010 and continues to be treated for left shoulder pain. When seen, there was decreased range of motion with tenderness and positive impingement and drop arm testing. Medications include Norco at a total MED (morphine equivalent dose) of 40 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.