

<b>Case Number:</b>	CM15-0130988		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 41 year old female, who sustained an industrial injury on 5/14/2004. The current diagnoses are reflex sympathetic dystrophy of the upper limb, cervical spinal stenosis, and pain in soft tissue of limb, lesion of radial nerve, displacement of cervical intervertebral disc without myelopathy, and depressive disorder. According to the progress report dated 6/10/2015, the injured worker complains of constant neck and left upper extremity pain. Her neck pain is described as deep, aching, pressure-like, and throbbing. In addition, she also reports intermittent sharp, shooting, and stabbing pain. Her left upper extremity pain is described as hot, burning, and throbbing. The pain radiates to her left shoulder, left upper arm, left forearm, and left hand. On a subjective pain scale, she rates her pain 3-4/10 with medication and 7-8/10 without. The physical examination reveals limited range of motion in the cervical spine, discoloration of the left, first dorsal interossi, allodynia and hyperalgesia dorsum left hand, pain along the olecranon, shoulder flexion 120, extension 45, pain with left elbow flexion, and decreased strength of the left deltoid and biceps. The current medications are Norco and Zanaflex. Urine drug screen from 5/12/2015 was inconsistent. Norco was not detected, although prescribed. There is documentation of ongoing treatment with Norco and Zanaflex since at least 1/9/2015. Treatment to date has included medication management. Work status is documented as "no change". A request for Zanaflex and Norco has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #180: 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 CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. In addition, Norco was not detected on the urine drug screen from 5/12/2015, although prescribed. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.

**1 prescription of Zanaflex 2mg #60: Upheld**

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

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

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with

chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there was no documentation of muscle spasms to necessitate the use of a muscle relaxant. In addition, the guidelines only recommend use of this medication for a short duration, and not longer than 2-3 weeks. There is documentation of ongoing treatment with Zanaflex since at least 1/9/2015, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Zanaflex is not medically necessary.