

<b>Case Number:</b>	CM15-0134711		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 61-year-old male, who sustained an industrial injury on July 30, 2010. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included multi-level lumbar degenerative disc disease, chronic lumbar radiculopathy, neuropathic pain secondary to lumbar degenerative disc disease, peripheral neuropathy and chronic pain related anxiety and depression. Documented treatment and evaluation to date has included medications, radiological studies, electro diagnostic studies and a MRI. The injured worker was noted to be on permanent restrictions. Most current documentation dated March 16, 2015 notes that the injured worker reported mild to occasional moderate low back pain and bilateral lower extremity paresthesia, which was occurring almost on a daily basis. The pain was rated a 2 out of ten on the visual analogue scale. The injured worker reported improved function and decreased pain with the use of MS Contin. However, he noted moderate-to-severe constipation. The injured worker was noted to be independent with self-care activities. Examination of the lumbar spine revealed loss of lumbar lordosis. No palpable muscle spasms were noted. A straight leg raise in the sitting position was 80 degrees. Deep tendon reflexes were unobtainable at the knee and ankle. Planter reflexes were down going bilaterally. The treating physician's plan of care included requests for Norco 10-325 mg # 30 and Zanaflex 4 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids for chronic pain.

**Decision rationale:** Per the MTUS guidelines, the ongoing use of opioids is not supported due to the development of habituation, tolerance and hormonal imbalance in men. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED (morphine equivalent dosage). In this case, in addition to Norco, the injured worker is also being prescribed MS Contin. As noted in ODG, adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. The medical records also do not establish significant objective functional improvement with the ongoing use of Norco. The request for Norco 10/325mg qty 30 is therefore not medically necessary and appropriate.

**Zanaflex 4mg; qty 30:** Upheld

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

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

**Decision rationale:** The MTUS 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. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008) The long-term use of muscle relaxants is not supported by the MTUS guidelines. In addition, the medical records do not establish objective finding of muscle spasm. The request for Zanaflex 4mg; qty 30 is not medically necessary and appropriate.