

<b>Case Number:</b>	CM15-0137284		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on 10/4/13. The injured worker has complaints of neck, low back, bilateral shoulders, bilateral hands and bilateral knee pain. The documentation noted that there is spasm about the posterior neck and there is point tenderness upon palpation about the posterior neck. The diagnoses have included cervical spine, spinal stenosis at C5-6; lumbar spine, spinal stenosis at L4-5 with left-sided L5 radiculopathy; left shoulder impingement syndrome with rotator cuff injury and left knee, anterior cruciate ligament tear and medial meniscus tear. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine showed spinal stenosis at C5-6; magnetic resonance imaging (MRI) of the lumbar spine showed spinal stenosis at L4-5; magnetic resonance imaging (MRI) of the left knee showed anterior cruciate ligament tear and medial meniscus tear; electromyography/nerve conduction study of the upper extremities demonstrate carpal tunnel syndrome bilaterally, more on the left; plain film radiographs of the left knee demonstrate joint space narrowing and plain film radiographs of the cervical spine demonstrate disc space narrowing at C5-6. The request was for zanaflex 2mg, quantity, 90; norco 10/325mg, quantity, 120 and urinalysis drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg, quantity: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** The patient presents with diagnoses that included cervical spine, spinal stenosis at C5-6, lumbar spine, spinal stenosis at L4-5 with left-sided L5 radiculopathy; left shoulder impingement syndrome with rotator cuff injury and left knee, anterior cruciate ligament tear and medial meniscus tear. The patient currently complains of neck, low back, bilateral shoulders, bilateral hands and bilateral knee pain. The current request is for Zanaflex 2mg, quantity: 90. The treating physician states in the 5/18/15 (59B) treating report, "the plan is to refill her medications including Zanaflex 2 mg one p.o. t.i.d. p.r.n. (#90) for spasms." MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS specifically addresses and supports Zanaflex for low back pain, myofascial pain and for fibromyalgia. MTUS also requires recording of pain and function when medications are used for chronic pain. In this case, the treating physician has noted the patient has chronic myofascial pain that is improved with Zanaflex. The current request is medically necessary.

**Norco 10/325mg, quantity: 120:** Upheld

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

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

**Decision rationale:** The patient presents with diagnoses that included cervical spine, spinal stenosis at C5-6, lumbar spine, spinal stenosis at L4-5 with left-sided L5 radiculopathy; left shoulder impingement syndrome with rotator cuff injury and left knee, anterior cruciate ligament tear and medial meniscus tear. The patient currently complains of neck, low back, bilateral shoulders, bilateral hands and bilateral knee pain. The current request is for Norco 10/325mg, quantity 120. The utilization review dated 6/26/15 (4A) modified the request and approved a quantity of 90. The IMR application dated 7/15/15 is for an appeal of Norco 10/325 number thirty (#30) or the difference between the initially requested count and the UR modified count. The treating physician states in the 5/18/15 (59B) treating report, "the plan is to refill her medications including - Norco 10/325 mg one tablet p.o. q.6h. p.r.n. (#120)." For chronic opiate use, 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 aberrant 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. In this case, there is no discussion

regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

**Urinalysis - UDT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The patient presents with diagnoses that included cervical spine, spinal stenosis at C5-6, lumbar spine, spinal stenosis at L4-5 with left-sided L5 radiculopathy; left shoulder impingement syndrome with rotator cuff injury and left knee, anterior cruciate ligament tear and medial meniscus tear. The patient currently complains of neck, low back, bilateral shoulders, bilateral hands and bilateral knee pain. The current request is for Urinalysis- UDT. The treating physician states in the 7/13/15 (24B) treatment report, "Random Urine Drug Testing's is being requested to determine levels of prescription and the presence of any non-prescription drugs per MTUS." MTUS Guidelines states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, the treating physician is requesting authorization for surgery and is attempting to assess current drug levels. There is no documentation of a prior UDT and the patient has been prescribed opioids. The current request is medically necessary.