

<b>Case Number:</b>	CM15-0141874		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Pennsylvania, Ohio, California  
 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 40 year old, male who sustained a work related injury on 9-30-13. The diagnoses have included status post cervical spine surgery, lumbar spine musculoligamentous sprain-strain with spondylosis and lumbar disc degeneration with left lower extremity radiculitis. Treatments have included physical therapy without benefit, use of a neck brace, cervical spine surgery, and oral medications. In the PR-2 dated 6-25-15, the injured worker reports achy neck pain with associated numbness. He rates his pain level a 5 out of 10. On physical exam, he has tenderness to palpation with spasms over cervical paraspinal muscles. Shoulder Depression test is positive. Range of motion in cervical spine flexion is 42 degrees, extension is 40 degrees, right rotation is 42 degrees, left rotation is 40 degrees, right lateral flexion is 34 degrees and left lateral flexion is 30 degrees. Sensation to pinprick and light touch is decreased in the right first and second fingers. He has 5 out of 5 motor strength in both arms. Lumbar spine exam reveals tenderness to palpation with spasm over the paraspinal muscles. Straight leg raise test is positive in left leg with radicular symptoms. Lumbar spine range of motion is decreased. He is not working. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Zanaflex 2mg Qty: 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

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

**Decision rationale:** MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason, an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations Tizanidine would particularly be recommended as an alternate to opioids when an opioid taper has been recommended as currently. Thus, the current request is consistent with MTUS guidelines; the request is medically necessary.