

<b>Case Number:</b>	CM15-0180279		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, Illinois  
 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:

This is a 41 year old female with a date of injury on 6-25-2002. A review of the medical records indicates that diagnoses included status post placement of thoracic spinal cord stimulator on 9-18-2014, status post L4-5 fusion in 2007 and status post removal of posterior lumbar hardware in 2008. Medical records (12-18-2014 to 2-5-2015) indicate ongoing low back pain and leg pain rated six to seven out of ten. According to the progress report dated 8-12-2015, the injured worker complained of low back pain and leg pain. She reported utilizing the spinal cord stimulator. She was hoping to get it adjusted; however the representative was not available. The physical exam (8-12-2015) revealed a mildly antalgic gait. She had some difficulty changing positions from sitting to standing. Treatment has included lumbar fusion, spinal cord stimulator, and medications. The injured worker has been prescribed Zanaflex since at least 3-19-2015. The injured worker has been prescribed Norco since at least 10-30-2014. The request for authorization dated 8-12-2015 was for Zanaflex and Norco. The original Utilization Review (UR) (8-27-2015) denied a request for Zanaflex. Utilization Review modified a request for Norco 10-325 mg #90 to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on: 6-25-2002. The injured worker has been diagnosed of status post placement of thoracic spinal cord stimulator on 9-18-2014, status post L4-5 fusion in 2007 and status post removal of posterior lumbar hardware in 2008. Treatments have included lumbar fusion, spinal cord stimulator, and medications. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg #60 with 2 refills; therefore, the request is not medically necessary. Zanaflex (Tizanidine) is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The Medical records indicate Zanaflex was started in 06/18/15, but there is no indication the injured worker is being monitored for liver function. The MTUS recommends that individuals on treatment with Zanaflex be monitored for liver function at baseline, 1, 3, and 6 months. Besides, while the injured worker suffers from chronic pain, there is no indication the injured worker has acute exacerbation of chronic back pain.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on: 6-25-2002. The Injured worker has been diagnosed of status post placement of thoracic spinal cord stimulator on 9-18-2014, status post L4-5 fusion in 2007 and status post removal of posterior lumbar hardware in 2008. Treatments have included lumbar fusion, spinal cord stimulator, and medications. The medical records provided for review do not indicate a medical necessity for: Norco 10/325mg #90; therefore, the request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for extended period, the MTUS recommends comparing pain and functional activities with baseline values every six months using numerical values. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been taking opioids at least since 2013 without overall improvement; the medical records indicates she is not being properly monitored for pain control; neither is there an indication the pain and functional activities are being compared with baseline values using numerical values.

