

<b>Case Number:</b>	CM15-0181964		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/23/2006
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male with a date of injury on 9-23-2006. A review of the medical records indicates that the injured worker is undergoing treatment for status post burst fracture at L1, status post T10-12 spinal fusion with hardware placement and post trauma osteoarthritis in the lumbar spine and left hip. Medical records (3-10-2015 to 7-14-2015) indicate ongoing low back pain, left sided pelvis pain and mid back pain. He also complained of bilateral groin pain. He rated his pain eight out of ten without medications. He reported not having pain medications for several months. He stated that when he used Norco, it decreased his pain to three to four out of ten. According to the progress report dated 7-31-2015, the injured worker complained of back pain, left hip pain, numbness and tingling in his legs and severe cramps at night in his leg and back. He reported using one Norco per day to manage his pain and usually one to two Zanaflex. Per the treating physician (7-31-2015), the injured worker was retired. The physical exam (7-31-2015) revealed very limited trunk range. Palpation revealed muscle rigidity in the lumbar trunk with loss of lordotic curvature secondary to intrinsic muscle spasm. Treatment has included surgery, physical therapy and medications. The injured worker has been prescribed Norco and Zanaflex since at least 9-5-2014. Current medications (7-31-2015) included Norco, Zanaflex, Omeprazole and Naprosyn. The treatment plan (7-31-2015) was to continue the same medication regimen that the injured worker had been on for the past several years. The request for authorization dated 8-4-2015 included Norco and Zanaflex. The original Utilization Review (UR) (8-17-2015) denied requests for Zanaflex and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective Zanaflex 4mg #60 for DOS 7/31/15: 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 claimant sustained a work injury in September 2006 and is being treated for chronic pain after a fall from a wall with left lower extremity fractures and a T12 compression fracture. He underwent ORIF and a lumbar fusion with post-operative course complicated by DVT requiring IVC filter placement. When seen, medications are referenced as decreasing pain from 8/10 to 4/10 and with improved activities of daily living. He had tried weaning of medications but had been unable to function. Physical examination findings included very limited trunk range of motion. There was muscle rigidity and spasm. There was pain with left hip range of motion and positive Fabere testing. There was decreased left shoulder range of motion with tenderness, crepitus, and positive impingement testing. There was decreased left lower extremity strength and sensation and an absent left ankle reflex. Medications were prescribed including Norco at a total MED (morphine equivalent dose) of 20 mg per day. Zanaflex was continued and had been prescribed on a long-term basis. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

### **Retrospective Norco 10/325mg #60 for DOS 7/31/15: Overturned**

**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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** The claimant sustained a work injury in September 2006 and is being treated for chronic pain after a fall from a wall with left lower extremity fractures and a T12 compression fracture. He underwent ORIF and a lumbar fusion with post-operative course complicated by DVT requiring IVC filter placement. When seen, medications are referenced as decreasing pain from 8/10 to 4/10 and with improved activities of daily living. He had tried weaning of medications but had been unable to function. Physical examination findings included very limited trunk range of motion. There was muscle rigidity and spasm. There was pain with left hip range of motion and positive Fabere testing. There was decreased left shoulder range of motion with tenderness, crepitus, and positive impingement testing. There was decreased left

lower extremity strength and sensation and an absent left ankle reflex. Medications were prescribed including Norco at a total MED (morphine equivalent dose) of 20 mg per day. Zanaflex was continued and had been prescribed on a long-term basis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.