

<b>Case Number:</b>	CM15-0198338		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Florida, California

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 69 year old female who sustained an industrial injury on 1-3-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radicular pain, lumbosacral spondylosis and spondylolisthesis of lumbar region. Medical records (2-16-2015 to 9-1-2015) indicate ongoing back pain and spasms, radiating down her right leg more than left, rated 4 out of 10 at best with medications and 10 out of 10 without medications. On 9-1-2015, the injured worker reported feeling increasingly more depressed because of her inability to perform certain activities of daily living. She reported a 50% reduction in pain and functional improvement with activities of daily living with medications. The physical exam (9-1-2015) of the back revealed muscle spasm with palpation. There was sensory loss to light touch and pinprick at the right lateral calf and bottom of her foot. She ambulated with a limp in the right lower extremity. Treatment has included epidural injections, physical therapy, and medications (Norco and Zanaflex since at least 2-16-2015). The treating physician indicates (9-1-2015) that urine drug testing has been appropriate. The request for authorization was dated 9-4-2015. The original Utilization Review (UR) (9-16-2015) denied requests for Norco and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page 79, 80 and 88 of 127. This claimant was injured now 13 years ago; the medicines in question have been in use since February 2015. There are subjective reports of improvement, but it is not reported what the objective, functional benefits out of the regimen are. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances, When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 63-66 of 127. This claimant was injured now 13 years ago; the medicines in question have been in use since February 2015. There are subjective reports of improvement, but it is not reported what the objective, functional benefits out of the regimen are. No acute muscle spasm from a recent injury is noted. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed.

Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was appropriately non-certified. Therefore, the request is not medically necessary.