

<b>Case Number:</b>	CM15-0020660		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 52 year old male, who sustained an industrial injury on 9/20/06. He has reported back injury. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbago pain lumbar spine and radiculitis. Treatment to date has included oral medications and epidural steroid injections. Currently, the injured worker complains of mid back pain with 50% radiation to the bilateral feet. On 12/15/14, no abnormalities were noted on physical exam. On 1/21/15 Utilization Review non-certified Norco 7.5/325mg, one 3 times per day #90, with 3 refills, noting there is no demonstrated medical necessity and Zanaflex 2mg, one 2-3 times per day #60 with 3 refills, noting it is not recommended for treatment of chronic back pain. The MTUS, ACOEM Guidelines, was cited. On 1/29/15, the injured worker submitted an application for IMR for review of Norco 7.5/325mg, one 3 times per day #90 with 3 refills and Zanaflex 2mg, one 2-3 times per day #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg # 90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s):

80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for long term without objective documentation of the improvement in pain and functional capacity. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Urine tox results were mentioned in notes but there were no actual urine drug screen results or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically necessary.

**Zanaflex 2mg # 60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 3, 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation ACOEM Guidelines Chronic Pain Chapter (2008) , Page 128 Official Disability Guidelines(ODG)- Pain Chapter

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

**Decision rationale:** The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be “effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement.” There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. The patient has been on Zanaflex for an extended period of time without objective documentation of improvement of functional capacity. Therefore, the request is considered medically necessary.