

Case Number:	CM15-0217306		
Date Assigned:	11/09/2015	Date of Injury:	12/06/2006
Decision Date:	12/28/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/04/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 60 year old male who sustained an industrial injury on 12-06-2006. According to a progress report dated 10-06-2015, the injured worker reported persistent pain in his low back, right shoulder and right knee. "Things have not changed all that much". Without medications, pain level was 9 out of 10. With medications, pain level went down to 7. He was able to bike 3 times a week for an hour. He also spent time on elliptical machines about 10 minutes on a daily basis. He also did some of the house work and went fishing a couple of times a month. He reported that without medication, he would not be able to do these things. Current medications included Norco 10-325 mg four a day and Zanaflex 4 mg twice a day. Medication allergies included Morphine. Objective findings were noted as "no significant change". Diagnoses included chronic low back pain, status post bilateral sacroiliac joint injection in September 2008 with minimal results, depression and anxiety due to chronic pain, erectile dysfunction due to chronic pain, status post L3-L4 and L4-L5 laminectomy and partial facetectomy for spinal stenosis on 01-26-2010 and right knee pain. MRI of the lumbar spine performed on 09-04-2012 showed disk desiccation at L2-L3 and mildly L3-L4. There was quite a bit of scar tissue posteriorly at the lower lumbar levels, but no evidence of any residual or recurrent disks. Right laminectomy was noted at L3-L4 and L4-L5. Quite a bit of facet arthropathy was noted in the lower lumbar level particularly at L5-S1. A prescription for Norco 10-325 mg #120 was provided for this month and another prescription for the next month. Zanaflex #60 with 2 refills was also prescribed. Follow up was indicated in 2 months. His condition was considered permanent and stationary. Progress reports submitted for review dated

back to December 2014 and showed use of Norco and Zanaflex dating back to that time. A laboratory requisition form dated 08-11-2015 was submitted for review and showed positive results for opiates and was noted as consistent. On 10-27-2015, Utilization Review modified the request for Norco 10-325 mg quantity 240 and non-certified the request for Zanaflex 4 mg quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: Overturned

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 10/6/15 the injured worker rated pain 9/10 without medications, and 7/10 with medications. It was noted that with medication the injured worker is able to bike three times a week for about an hour. He is able to exercise at home on elliptical machine and perform some housework. He states that without medication he would not be able to do any of these activities. He denies side effects. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 8/11/15 and was consistent with prescribed medications. The documentation submitted for review supports the ongoing use of opioids. The request is medically necessary.

Zanaflex 4 mg Qty 180: 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend 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) Muscle relaxants may

be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2013. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed.