

<b>Case Number:</b>	CM15-0040719		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male who sustained an industrial injury on 11/22/2002. Current diagnoses include displacement of disc and pain low back. Previous treatments included medication management, trigger point injection, lumbar surgery, and epidural injection. Diagnostic studies included an MRI of the lumbar spine performed on 10/22/2014. Report dated 01/28/2015 noted that the injured worker presented with complaints that included steady increase in back pain over past four months. Physical examination was not included, it was noted that the MRI was pending and that the injured worker has a history of anterior lumbar fusion L5-S1 and degenerative disc disease L3-4 and L4-5. The treatment plan included resuming Norco for pain as needed, and Zanaflex and Zanax for severe spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** According to the 01/28/2015 hand written report, this patient presents with an "increased back pain over the past few months." The current request is for Norco 10/325mg #60 with 2 refills. This medication was first mentioned in the 05/27/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization and the patient's work status are not included in the file for review. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed in the provided reports. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 As as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be slowly weaned per MTUS.

**Xanax 0.5 mg #10 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the 01/28/2015 hand written report, this patient presents with an "increased back pain over the past few months." The current request is for Xanax 0.5 mg #10 with 2 refills. Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In reviewing the medical reports provided, there is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.

**Zanaflex 4mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the 01/28/2015 hand written report, this patient presents with an "increased back pain over the past few months." The current request is for Zanaflex 4mg #30 with 2 refills. This medication was first mentioned in the 05/27/2014 report; it is unknown exactly when the patient initially started taking this medication. Review of the provided reports, this patient presents with chronic pain for more than 12 years. MTUS supports the use of Zanaflex. In this case, given the patient's chronic pain, the use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. The request IS NOT medically necessary.