

<b>Case Number:</b>	CM15-0081672		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/10/2004
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Maryland

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

The injured worker is a 58 year old female, who sustained an industrial injury on 02/10/2004. She has reported subsequent low back pain and was diagnosed with postlaminectomy syndrome and chronic low back pain syndrome. Treatment to date has included oral and topical pain medication and home exercise program. In a progress note dated 04/02/2015, the injured worker complained of low back and left knee pain. Objective findings showed no significant change. A request for authorization of Norco, Zanaflex and Motrin was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #120 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that Norco decreased pain level from an 8 to a 4/10. The patient is able to perform a home exercise program, attend weekly church, walk 30 minutes a day and do chores with Norco. There are no adverse effects of the medications. The urine drug screen 1/5/15 is consistent. The urine drug screen is reported consistent on 1/8/15 and opioid agreement signed 1/9/15 per the 4/22/15. The request for Norco 10/325mg #120 is medically necessary.

**Zanaflex 4mg #30 with 3 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 Tizanidine (Zanaflex, generic available) & Muscle relaxants (for pain) Page(s): 66;63.

**Decision rationale:** Zanaflex 4mg #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than acute. There are no extenuating circumstances which would necessitate the continuation of this medication for chronic pain. The patient has been using this since Nov. of 2014 and the continuation of this medication long term with 3 refills is not medically necessary and against guideline recommendations.

**Motrin 800mg #80 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Motrin 800mg #80 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Motrin for an extended period. The request for continued Motrin is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur

in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Motrin with 3 refills is not medically necessary.