

<b>Case Number:</b>	CM15-0082654		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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  
 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 55 year old male, who sustained an industrial injury on 8/12/2003. The current diagnosis is degeneration of the lumbar intervertebral disc, carpal tunnel and thoracic muscle spasm. According to the progress report dated 3/4/2015, the injured worker complains of achy back pain with occasional radiation into his right buttocks. There was no quantitative rating of the pain. Physical examination of the lumbar spine reveals mild tenderness. The current medications are Norco and Zanaflex. Treatment to date has included medication management. The plan of care includes prescriptions for Zanaflex and Hydrocodone/APAP. On the most recent note dated 4/13/2015, the IW complained of mild muscle spasm in the left scapular area. It was noted that the IW was rarely utilizing Zanaflex. There was no documentation on the use of Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Spasticity/Antispasmodic Drugs Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative agents. The records indicate that that the patient had utilized Zanaflex more than the guidelines recommended maximum period of 4 to 6 weeks. The records show that the patient was now utilizing the medication sparingly because the thoracic muscle spasm was rated as mild. The criteria for the use of Zanaflex 4mg #30 were not met.

**Hydrocodone Acetaminophen (Norco) 5/325mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short time treatment of severe musculoskeletal pain when standard NSAIDs and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The records did not show documentation of guidelines mandated compliance monitoring of serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The most recent record did not indicate that hydrocodone is still being utilized. The criteria for the use of Hydrocodone/APAP 5/325mg #60 were not met.