

Case Number:	CM15-0083054		
Date Assigned:	05/05/2015	Date of Injury:	09/27/1995
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67-year-old female who sustained an industrial injury on 9/27/95 from a slip and fall with resulting injury to her neck and low back. Currently (2/2/15) she complains of neck pain; ongoing occipital headaches; low back pain radiating down the left lower extremity with tingling down to the foot and muscle weakness frequently in the left lower extremity. In addition, she has muscle spasms in the low back on the left. Her pain level is unchanged and is 8- 9/10 on average with medications and 9-10/10 without medications. She uses a rolling walker for ambulation. Her activities of daily living are limited with respect to self-care; hygiene; activity; ambulation; sleep and sex. Opioid medications are helpful with functional improvement in the areas of self-care, driving, mood, reading, sleeping, talking on the phone and writing. Her current medications are Zanaflex and Norco which she is unable to reduce (2/2/15) due to persistent pain. She had laboratory evaluations (11/24/14) to determine the level of prescription medications and there were no inconsistencies. She uses a walker for ambulation. On physical exam there is tenderness of the cervical spine; spasms in the bilateral paraspinal musculature. She has had MRI of the cervical spine (2/8/13) with marked degenerative changes; MRI of the lumbar spine (2/8/13) with disc desiccation and degenerative changes. Diagnoses include cervical spine strain/ sprain; lumbar facet arthropathy; lumbar post-laminectomy syndrome; lumbar radiculitis; right shoulder pain (non-industrial); obesity. Treatments to date include home exercise program, medications, and physical therapy and epidural injections. In the progress note dated 2/2/15, 3/30/15 the treating provider's plan of care includes prescriptions for

Norco as previously prescribed, as it is beneficial in reducing pain and performance of activities of daily living; Zanaflex for muscle spasms/ musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30, 2 refills (Brand Only): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for chronic pain. When seen, medications are referenced as decreasing pain from 9-10/10 to 8-9/10. Despite this, the requesting provider documents opioid medications as helpful with functional improvement and improved quality of life. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness and muscle spasms and decreased lower extremity sensation. Straight leg raising was positive on the left. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Zanaflex was being prescribed on a long-term basis. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.

Norco 10/325mg #120, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 20 years ago and continues to be treated for chronic pain. When seen, medications are referenced as decreasing pain from 9-10/10 to 8-9/10. Despite this, the requesting provider documents opioid medications as helpful with functional improvement and improved quality of life. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness and muscle spasms and decreased lower extremity sensation. Straight leg raising was positive on the left. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Zanaflex was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or

breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and despite the minimal effect in terms of pain relief, improved function and quality of life is documented. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco can be considered medically necessary.