

<b>Case Number:</b>	CM15-0083083		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/01/1993
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male, who sustained an industrial injury on 8/01/1993. Diagnoses include cervical degenerative disc disease with facet arthropathy and bilateral upper extremity radiculopathy, thoracic sprain/strain syndrome with spondylolisthesis, lumbar degenerative disc disease with facet arthropathy, foraminal narrowing and bilateral lower extremity radiculopathy, bilateral peroneal neuropathy, bilateral knee internal derangement right greater than left, left ankle traumatic arthritis, reactionary depression/anxiety, medication induced gastritis, non-insulin depended diabetes mellitus (industrially related), and bilateral ulnar nerve entrapment. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, injections and medications. Per the most recent Primary Treating Physician's Progress Report dated 11/24/2014, the injured worker reported increased neck pain with associated cervicogenic headaches. He also reported ongoing knee pain and increased pain in the left ankle. Physical examination revealed tenderness to palpation of the cervical spine and decreased sensation to the bilateral upper extremities. There was tenderness of the lumbar spine with straight leg raise test. There was tenderness to the right knee along the medial and lateral joint lines with mild crepitus. Examination of the left ankle revealed obvious swelling and a reddish color with hypersensitivity and tenderness to palpation. The plan of care included medications and authorization was requested for Xanax, Lexapro, Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Opioid Management, Weaning of Medications Page(s): 78, 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured now 22 years ago. There was a broad array of degenerative conditions noted in the records. There has recently been increased neck pain with headaches. There is knee pain. Objective improvement in function is not noted out of this regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.

**Zanaflex 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** This claimant was injured now 22 years ago. There was a broad array of degenerative conditions noted in the records. There has recently been increased neck pain with headaches. There is knee pain. Objective improvement in function is not noted out of this regimen. Regarding muscle relaxants like Zanaflex, the MTUS recommends 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) In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was

appropriately not medically necessary.