

<b>Case Number:</b>	CM14-0123269		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 70-year-old male who reported an injury on 02/25/2013. The mechanism of injury was lifting a 25 pound box. Diagnoses included left shoulder pain status post rotator cuff repair, right thigh pain, and chronic low back and right lower extremity pain. Past treatments included acupuncture, physical therapy, and medications. Diagnostic studies included an unofficial MRI of the lumbar spine dated 12/06/2013, which reportedly revealed central disc protrusion at L5-S1, disc bulge at L2-3, mild foraminal stenosis at L3-4 and L2-3, and right lateral osteophyte disc at L4-5. Surgical history included a rotator cuff repair on 07/12/2013. The clinical note dated 05/20/2014 indicated the injured worker complained of persistent pain in the left shoulder, low back, and right thigh. He rated the pain 1/10 with medications and 6/10 without medications. The physical exam dated 04/22/2014 indicated right proximal thigh muscle weakness. Reflexes were noted as mostly symmetric. Current medications included Ultracet 37.5 mg, Lodine 400 mg, Lyrica 50 mg, Zanaflex 4 mg, and Lidoderm patches 5%. The treatment plan included the retrospective request for Zanaflex 4mg #60 (DOS 5/20/2014) and the retrospective request for Ultracet 37.5/325mg #60 (DOS 5/20/2014). The rationale for the request was pain control. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request: Zanaflex 4mg #60 (DOS 5/20/2014): 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).

**Decision rationale:** The retrospective request for Zanaflex 4mg #60 (DOS 5/20/2014) is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility, however in most low back pain cases; they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complained of persistent left shoulder, low back, and right thigh pain. He had been taking the requested medication since at least 02/13/2014. There is a lack of clinical documentation to indicate the injured worker had muscle tension or spasms, or to indicate an acute exacerbation of his chronic low back pain. The guidelines indicate that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the retrospective request for Zanaflex 4mg #60 (DOS 5/20/2014) is not medically necessary.

**Retrospective Request: Ultracet 37.5/325mg #60 (DOS 5/20/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use (Initiating Therapy) Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The retrospective request for Ultracet 37.5/325 mg #60 (DOS 5/20/2014) is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of persistent left shoulder, low back, and right thigh pain. He had been taking the requested medication since at least 02/13/2014. The physician stated that no aberrant behaviors had been noted; however there is a lack of documented evidence of adherent behavior through the use of urine drug screens. Additionally, the request does not indicate a frequency for taking the medication. Therefore, the retrospective request for Ultracet 37.5/325 mg #60 (DOS 5/20/2014) is not medically necessary.