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| <b>Case Number:</b>   | CM14-0131879 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 07/24/2009 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 07/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 52-year-old male injured on July 24, 2009. After a thorough review of the medical records, the only record provided was the previous utilization review. The utilization review dated July 18, 2014, indicated the injured worker complained of significant ongoing lower back pain that disrupted daily living. An office visit, dated May 5, 2014, stated that pain radiated to the lower extremities, right greater than left. Pain level was 6/10 to 7/10 with medications and 9/10 to 10/10 without medications. A MRI of the lumbar spine, dated January 7, 2014, revealed severe disc degeneration and an anterior spondylosis at L3-L4. There was also a 4 mm disc bulge with severe neural foraminal stenosis at L4-L5, a disc bulge at L5-S1 and a right-sided disc protrusion at T12-L1. The injured worker stated the medications helped to increase function. This utilization review denied requests for Norco 7.5mg #120 and Zanaflex 4mg #60. The request for orthopedic spine surgical consultation regarding low back was certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the prior medical information indicates that there is an objective decrease of the injured worker's pain as well as increased ability to function with the usage of Norco. Considering this, this request for Norco 7.5mg is medically necessary.

**Zanaflex 4mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Antispasticity/Antispasmodic Drug.

**Decision rationale:** Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. A review of the attached medical information indicates that the usage of Zanaflex helps the injured employee with muscle spasms and cramping. Considering this, the request for Zanaflex 4mg is medically necessary.