

<b>Case Number:</b>	CM14-0177425		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old female who was injured on 9/7/2007. She was diagnosed with thoracic spine pain, lumbar intervertebral disc disease, and thoracic/lumbosacral neuritis/radiculitis. She was treated with opioids, muscle relaxants, topical analgesics, surgery (low back, hip), and physical therapy. On 9/15/14, the worker was seen for a follow-up with her pain specialist reporting continual low back pain radiating to left leg and rated at 7-9/10 on the pain scale with medication use (Norco, OxyContin, topical analgesics). She had tried using Soma, which she reported had not helped her pain. She also complained of left hip pain rated at 6/10 on the pain scale (with medications). Physical examination findings included normal sensation, abnormal gait (with walker), and decreased range of motion and tenderness of paraspinal muscles of lumbar spine. She was then recommended to continue her topical analgesics, Norco and Oxycontin as previously used, and add on Zanaflex to replace the Soma. She was also recommended Ambien for insomnia related to her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #90:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, her use of Soma produced no benefit as reported by the worker. Another type of muscle relaxant is not likely to produce a significant benefit. Also, there was no evidence that suggested the worker had an acute flare-up of her pain and spasm that might have justified a short-course of Zanaflex. The intention was to treat her chronically with Zanaflex, which is not appropriate or medically necessary.

**Oxycontin 20mg 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, both the Norco and Oxycontin were used together producing the reported pain levels (7/10 on the pain scale on average). There was no evidence that showed functional benefits from either medication, which is necessary in order to justify continuation regardless of pain-reducing effects. A report on with and without each medication regarding measurable functional outcome related to each medication (Norco and Oxycontin separately) is recommended. Therefore, without this documentation, the Norco and Oxycontin both are to be considered not medically unnecessary.

**Norco 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, both the Norco and Oxycontin were used together producing the reported pain levels (7/10 on the pain scale on average). There was no evidence that showed functional benefits from either medication, which is necessary in order to justify continuation regardless of pain-reducing effects. A report on with and without each medication regarding measurable functional outcome related to each medication (Norco and Oxycontin separately) is recommended. Therefore, without this documentation, the Norco and Oxycontin both are to be considered not medically unnecessary.