

<b>Case Number:</b>	CM14-0185517		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/03/2001
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with a date of injury of 07/03/2001. According to progress report 10/22/2014, the patient presents with posterior neck, left arm, low back and left leg pain. The patient has undergone a cervical fusion in 2003 with some benefits. The patient has a history of heartburn, GERD, and history of GI bleeding. Current medication regimen includes Norco, Neurontin, and Zanaflex. Examination of the cervical spine reveals severe tenderness in the posterior cervical area region with spasm over the bilateral trapezium and levator scapula. Range of motion was decreased by 50% due to spasm. Examination of the thoracic and lumbar spine revealed tenderness with 35% restriction of extension, 50% with flexion, and positive left straight leg raise. The listed diagnoses are: 1. Failed neck surgery syndrome. 2. Cervical radiculopathy. 3. Thoracic degenerative disk disease with progression. 4. Lumbar degenerative disk disease. 5. Lumbar radiculopathy. 6. Left thigh muscle atrophy. 7. Cervicalgia with paraspinal muscles and ligament tenderness which is progressive. The treater recommends a refill of Norco, Zanaflex, and Neurontin and is requesting Celebrex. The Utilization review denied the request on 11/01/2014. Treatment reports from 06/13/2014 through 10/22/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #60 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines allows for the use of Zanaflex (tizanidine) Page(s): 66.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Zanaflex 4mg #60, 3 refills. The MTUS Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. Review of the medical file indicates that the patient has been prescribed this medication since 10/16/2014. The treater does not document myofascial pain or fibromyalgia for which this medication is indicated, but does discuss chronic low back pain. The treater states in his 10/22/2014 report that the patient's pain level is decreased from 9/10 to 6/10 with current medications, which includes Zanaflex. It was noted that medications reduce pain by 30% to 50% and decreases activity restriction. Given the patient's chronic low back pain and the treater's documentation of this medication's efficacy, the request for Zanaflex 4 mg #60 with 3 refills is medically necessary.

**Norco 10/325 mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88 and 89, 78.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for Norco 10/325 mg #120, 3 refills. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 06/13/2014. On 07/24/2014, the patient noted that his pain moderately to severely affects his relationships, mood, sleeping patterns, work/concentration, and overall functioning. On 09/22/2014, the patient reported that without medications, pain is 8/10 and with medication, pain is reduced to 5/10. The treater states that medications reduce pain, increase activity tolerance, and restoration of partial overall functioning. Report 10/16/2014 states patient's pain is decreased from 9-10/10 to 7/10 with medications. Medication side effects were noted as heartburn and upset stomach. In this case, continuation of Norco cannot be supported as the treater does not provide specific functional improvement or changes in ADLs as required by MTUS. There is no discussion of change in work status or return to work to show significant functional improvement. Although side effects are discussed, urine drug screen and CURES report were not provided. Given the lack of sufficient documentation for Opiate management, the request for Norco is not medically necessary.

**Celebrex 200 mg #30 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Page(s): 22.

**Decision rationale:** Celebrex appears appropriate for this patient's persistent chronic pain; however, refills are not suggested based on a trial and certification was modified from the requested 3 refills to no refills. For antiinflammatory medications, the MTUS Guidelines page 22 states, antiinflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume." In this case, the patient has chronic pain and GERD, and a trial of Celebrex is indicated. The request for Celebrex 200 mg #30 is medically necessary.

**One Cervical Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines following regarding ESI under chronic pain section Page(s): 46 and 47.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for one cervical epidural steroid injection. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "recommended as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." In this case, the patient has positive Spurling's test, but no documentation of dermatomal distribution of pain or paresthesias. In addition, MRI from 07/24/2012 revealed only 2 to 3 mm disk osteophyte complex, with no stenosis. The findings on the MRI are described as mild and unlikely explains the patient's upper extremity symptoms. The requested Cervical Epidural Injection is not medically necessary.