

<b>Case Number:</b>	CM14-0096788		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Occupational 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 patient is a 50-year-old male who has submitted a claim for cervicgia, lumbago, and shoulder joint pain, associated with an industrial injury date of March 6, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of non-radiating neck pain rated 4-7/10 with medications, and 7/10 without medications. He is status post cervical ESI, right C3-4 on March 21, 2014 without overall improvement. Physical examination of the cervical spine showed decreased cervical lordosis; tenderness over the right trapezius; limitation of motion; decreased sensation to touch and pinprick sensation at C5-6 dermatomal level; and positive Spurling's test on the right. Upper extremity examination showed tenderness over the right AC joint, anterior and posterior shoulder. The diagnoses were chronic pain cervical radiculitis status post cervical spinal fusion. Treatment to date has included oral analgesics, physical therapy, cervical spine fusion, and cervical ESI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as November 2013. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, progress report dated February 20, 2014 stated that the patient remains off work. The guideline requires documentation of functional and pain improvement as well as return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline therefore, the request for Norco 10/325 Mg #60 is not medically necessary.

**Tizanidine 4Mg #60:** 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 Page(s): 63-66.

**Decision rationale:** Page 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2- adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. In this case, there were no documentation of muscle spasms and acute pain exacerbation to warrant the use of Tizanidine. However, there was no objective evidence of failure of first line agents to manage pain. There was no clear indication for the request therefore, the request for Tizanidine 4MG #60 is not medically necessary.