

<b>Case Number:</b>	CM14-0216871		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 20, 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved request for a consultation with a pain management specialist to apparently consider an epidural steroid injection as a pain management consultation alone, conditionally approved Maxalt, approved trazodone, partially approved Norco, and denied Zanaflex outright. The claims administrator referenced a November 11, 2014 progress note and associated RFA form in its determination. The applicants' attorney subsequently appealed. On July 22, 2014, the applicant reported persistent complaints of neck and mid back pain with associated radiation of pain to the bilateral wrist and left thigh, 7/10. The applicant also reported ongoing complaints of headaches. The applicant was using Imitrex, Norco, Zanaflex, Flector, and omeprazole, it was acknowledged. The applicant was placed off of work, on total temporary disability while MRI imaging of the cervical spine, neurology consultation, and an ophthalmology consultation were endorsed. On November 11, 2014, the applicant reported ongoing complaints of neck and mid back pain, 7-8/10. Some radiation of pain to the bilateral wrist and left thigh were also appreciated. Headaches and dizziness were noted. The applicant was using Imitrex, Norco, Zanaflex, Flector, and omeprazole. At the bottom of the report, the attending provider stated that he was going to start Maxalt and trazodone. The applicant was asked to continue Norco and Zanaflex. The attending provider stated that he was seeking authorization for a pain management consultation prior to consideration of a cervical epidural steroid injection. Work restrictions were

endorsed, although the attending provider suggested that the applicant's employer was unable to accommodate these limitations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Consultation with a Pain Management Specialist (cervical epidural steroid injection):**

Overtaken

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC , Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. Multifocal pain complaints persist. Pain complaints in the 7-8/10 pain range were appreciated on or around the date in question. Obtaining the added expertise of a physician specializing in chronic pain, such as the pain management consultant, is, thus, indicated to formulate other treatment options, including possible epidural steroid injection therapy. Therefore, the request was medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, despite ongoing usage of Norco. The applicant continued to report pain complaints in the 7-8/10 range; it was noted on November 11, 2014. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Tizanidine/Zanaflex Page(s): 7, 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, ongoing usage of Zanaflex has failed to effect the applicant's return to work. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report pain complaints as high as 7-8/10 on November 11, 2014, despite ongoing usage of Zanaflex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.