

<b>Case Number:</b>	CM15-0008574		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 11/10/11. He has reported injury to spine, low back, neck bilateral upper extremities and lower extremities. The diagnoses have included lumbar radiculopathy with left foot drop, lumbar disc protrusions/degenerative disc disease, lumbar spine myoligamentous sprain/strain, internal derangement, left knee and left ankle arthralgia. Treatment to date has included oral pain medication and muscle relaxant. Currently, the IW complains of persistent low back pain, left knee pain and left ankle pain. Physical exam of 12/18/14 revealed moderate tenderness in the lumbar paravertebral muscles and moderate spasm of the lumbar paravertebral muscles. On 12/26/14 Utilization Review modified Norco 10/325mg 4 tablets per day # 120 to # 60 for weaning purposes, noting the medical necessity of the request is not medically substantiated; non-certified(MRI) magnetic resonance imaging Arthrogram of right shoulder, noting documentation does not show evidence the injured worker has participated in recent conservative treatment including physical therapy or home exercise and modified certification for zanaflex 4mg 2-3 tablets per day #60 to # 30 for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 1/12/15, the injured worker submitted an application for IMR for review of Norco 10/325mg 4 tablets per day # 60 for weaning purposes, (MRI) magnetic resonance imaging Arthrogram of right shoulder and zanaflex 4mg 2-3 tablets per day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG 4 TABLETS PER DAY #60 FOR WEANING PURPOSES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**MRI ARTHROGRAM RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Shoulder Chapter, MR Arthrogram

**Decision rationale:** With regard to the request for MR arthrogram of the shoulder, the ACOEM guidelines specified timing information regarding acute and subacute shoulder pain that is not adequately managed by conservative therapy. In this case, there is documentation of chronic shoulder pain. Therefore the ODG is cited which specify that MR arthrogram of the shoulder can be very sensitive for detection of labral pathology. In the case of this injured worker, the documentation submitted for review did not indicate recent conservative treatment for the shoulder or red flag sign. Therefore, although this study was carried out already, and this is a retrospective request, the examination prior to this request was not sufficient to justify this study. This request is not medically necessary.

**ZANAFLEX 4MG 2-3 TABLETS PER DAY #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

**Decision rationale:** Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.