

<b>Case Number:</b>	CM15-0109006		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/11/2001
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 58 year old, female who sustained a work related injury on 2/11/01. The diagnoses have included status post lumbar surgery, acute lumbar spine strain and lumbar degenerative disc disease. Treatments have included lumbar surgery, Toradol injections for flare-ups and medications. In the PR-2 dated 5/11/15, the injured worker complains of right knee pain. She twisted her knee a few weeks ago. She rates the pain a 4/10 with medications and an 8/10 without medications. She is using a muscle relaxer for muscle spasms. She has positive straight leg raise and bowstring with right leg. She has swelling and tenderness in right knee. Lumbar spine range of motion is decreased. She has palpable lumbar spasms. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS Guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol and Toradol for several months prior to the Norco request with similar pain response. The request for Norco was not substantiated and failure of Tylenol or Tricyclis was not mentioned. Long-term use of opioids is not recommended. Therefore, the request for Norco is not medically necessary.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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

**Decision rationale:** According to the MTUS Guidelines, Tizanidine is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS Guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was prescribed Tizanidine along with Norco. Long-term use in combination with other medications is not indicated. The amount requested and length of use also exceeds the guideline recommendations. Therefore, the request for Tizanidine is not medically necessary.