

<b>Case Number:</b>	CM15-0115137		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: 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 injured worker is a 29-year-old male, who sustained an industrial injury on 6/05/2014. He reported acute low back pain with radiation down bilateral lower extremities during a heavy lifting activity. Diagnoses include lumbar disc herniation, bilateral recess stenosis, radiculitis and annular tear. Treatments to date include activity modification, NSAID, Norco, one tablet daily, and Zanaflex, one tablet daily, as well as physical therapy, and aquatherapy. Currently, he complained of ongoing low back pain. On 4/28/15, the physical examination documented tenderness of the lumbar muscles, decreased range of motion, and decreased sensation to pinprick of bilateral lower extremities. The medical records indicated it was recommended he undergo lumbar surgery, this service was denied. The plan of care included Norco 5/325mg, #30; and Zanaflex 2mg, #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications.

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

**Decision rationale:** MTUS Guidelines supports the judicious use of opioids when there is pain relief, functional support and a lack of drug related aberrant behaviors. It is clearly documented that this individual's use is very limited with an average use of a 5/325 Norco per day and this use pattern appears stable over a several month time period. During this time period pain relief and improved function is documented albeit the documentation is brief and does not fully fulfill Guideline standards. However, with the minimal and stable use of Norco, it is reasonable to diminish the necessary standards of documentation vs. an individual who is utilizing high dosing of opioids. Under the current circumstances, the Norco 5/325 #30 is medically necessary.

**Zanaflex 2mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-65.

**Decision rationale:** In general, the MTUS Guidelines do not support the long-term use of muscle relaxants. The Guidelines do leave room for an exception with the use of Zanaflex, however the prescribing physician does not provide information that might support an exception. No persistent muscle spasm is documented on exam and no significant response to the Zanaflex is documented. Under these circumstances, the Zanaflex 2mg #30 with 2 refills is not supported by Guidelines and is not medically necessary.