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| <b>Case Number:</b>   | CM15-0127891 |                              |            |
| <b>Date Assigned:</b> | 07/14/2015   | <b>Date of Injury:</b>       | 04/04/2014 |
| <b>Decision Date:</b> | 08/10/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2015 |

### 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:

This 36 year old male sustained an industrial injury on 4/04/14. He subsequently reported back pain. Diagnoses include low back pain. Treatments to date include MRI testing, modified work duty and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was tenderness at the lumbosacral junction and over the lumbar paraspinal regions. There is mild spasming with forward flexion. There is pain at the end range of lumbar extension. Straight leg raise is negative. A request for 60 tablets of Norco 10/325mg, 60 tablets of Norco 10/325mg (Do Not Dispense until 7/8/15) and 60 tablets of Zanaflex 4mg with 1 refill was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Norco 10/325mg:** Overturned

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

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

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when use results in diminished pain, functional improvements and there are no habitual drug related aberrant behaviors. This individual meets these criteria. A greater than 60% improvement in pain is consistently reported. Functional support is reported, but the medical documentation of what the functional improvements are is substandard. However, given the fact that the opioid use is minimal (average #60 hydrocodone per month for many months), the standard for documenting functional improvements should be relaxed vs. what it should be if there was high dose around the clock coverage. There is no hint of aberrant drug related behaviors. Under these circumstances, the 60 tablets of Norco 10/325mg are supported by Guidelines and are medically necessary. If use accelerates in the future, a re-review would be warranted per Guidelines standards.

**60 tablets of Norco 10/325mg (Do Not Dispense until 7/8/15): Overturned**

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

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

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when use results in diminished pain, functional improvements and there are no habitual drug related aberrant behaviors. This individual meets these criteria. A greater than 60% improvement in pain is consistently reported. Functional support is reported, but the medical documentation of what the functional improvements are is substandard. However, given the fact that the opioid use is minimal (average #60 hydrocodone per month for many months), the standard for documenting functional improvements should be relaxed vs. what it should be if there was high dose around the clock coverage. There is no hint of aberrant drug related behaviors. Under these circumstances, the 60 tablets of Norco 10/325mg (Do Not Dispense until 7/8/15) is supported by Guidelines and is medically necessary. If use accelerates in the future, a re-review would be warranted per Guidelines standards.

**60 tablets of Zanaflex 4mg with 1 refill: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67-69.

**Decision rationale:** MTUS Guidelines do not generally recommend the long term use of muscle relaxants, particularly of the muscle relaxants that are sedative in nature. However, the Guidelines do allow for an exception for Zanaflex. The Guidelines note that this is not a sedating drug, none habit forming and the medical literature is supportive of its use for chronic low back pain. With the level of pain relief reported in combination with low dosing opioids the continued use is consistent with Guidelines. The 60 tablets of Zanaflex 4mg with 1 refill is medically necessary.