

<b>Case Number:</b>	CM15-0173593		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, New York, 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 12, 2014. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve requests for Norco and tizanidine. The claims administrator did, however, seemingly approve naproxen and a wheeled walker. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 13, 2015 office visit, the applicant reported ongoing complaints of low back pain, reportedly severe. The applicant had reported "minimal improvement," it was stated toward the top of the note. The applicant had difficulty walking more than several yards, it was acknowledged. The applicant was having difficulty tolerating physical therapy and/or home exercises, it was reported. Walking remained problematic; it was reported in several sections of the note. The applicant was still smoking, it was reported. The applicant's medications included Norco, naproxen, tizanidine, and Cymbalta, it was reported. Multiple medications were continued and/or renewed, including Norco, tizanidine, naproxen, and Cymbalta. A walker was sought. No seeming discussion of medication efficacy transpired. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant was asked to transfer care elsewhere.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone- Acetaminophen 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant's work status was not reported on the August 13, 2015 office visit at issue, suggesting that the applicant was not working. The applicant reported "minimal improvement" on that date. Severe pain complaints were reported. The applicant was described as having difficulty walking and/or moving more than several yards secondary to ongoing pain complaints it was acknowledged on that date. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Tizanidine 4 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

**Decision rationale:** Similarly, the request for tizanidine (Zanaflex), an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. 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 for unlabeled use for low back pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on August 13, 2015, suggesting that the applicant was not, in fact, working. Activities of daily living as basic as standing and walking remained problematic it was reported on that date. The applicant was apparently using a walker to move about, it was acknowledged. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was apparently using at a rate of 6 times a day as of August 13, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

