

<b>Case Number:</b>	CM14-0140512		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/31/1998
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old male with a reported date of injury on May 31, 1998. A progress note dated July 22, 2014 noted complaints of low back and bilateral extremity pain with the left lower extremity much worse than the right. Range of motion of the lumbar spine is reduced with respect to extension at 80 degrees, lateral flexion less than 5 degrees, and rotation 10 degrees. Sensory function in the lower extremities is within normal limits. FABER test was negative bilaterally. Straight leg raise positive on the left at 60 degrees with pain radiating to the left foot. At this visit, the injured worker was prescribed Norco 10/325 one tablet every 8 hours, as needed for pain, Lyrica 50 mg, one tablet one tablet every morning and two tablets at night, Zanaflex 4mg one tablet every 8 hours, as needed for spasm. He was also instructed to continue with the home exercise program to help control pain. The injured worker was recommended for transforaminal ESI on this day. Dilaudid was being prescribed according to a progress noted dated March 14, 2014 showing Dilaudid 4 mg which is no longer prescribed according to the July 2014 visit. The injured worker is noted to have undergone spine surgeries in year 2003 and 2013. The specific surgical procedures are not documented. Urine drug screens and total duration and use of the aforementioned pain medication and muscle relaxers are also not documented in the records provided for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** There is no evidence that the injured worker has not yet been trialed on other reasonable alternatives such as NSAIDs or ESI. Objective functional improvement is also not documented. There is no clear documentation of the 4As of pain management, and no attempts at weaning noted. As such, medical necessity has not been established.

**ZANAFLEX 4 MG #90:** Overturned

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

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

**Decision rationale:** Tizanidine may be used appropriately for management of spasticity and may be used as an adjunct to other modalities. Studies have demonstrated efficacy for back pain. Close monitoring of liver function tests (LFTs) may be needed. Medical necessity has been established.