

<b>Case Number:</b>	CM13-0021975		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	08/04/2003
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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 IMR application lists the injury date as 8/4/03 and the employee is disputing the 8/9/13 UR decision. The 8/9/13 UR decision is by [REDACTED], and is in response to the 7/1/13 medical report. [REDACTED] allows the lumbar ESI and use of Tramadol and tramadol ER and amitriptyline, but denies Cartivisc, naproxen, omeprazole, tizanidine. According to the 7/1/13 report from [REDACTED], this is a 38 year old male who injured his low back on 8/4/2003 when he was removing a wall heater and had severe low back pain. He was off work for 3 days, and then returned to modified and full duty. The following month he had another injury from using a jackhammer that weighed about 100 lbs. On 7/1/13 he still had 7-8/10 back pain without meds, coming down to 4/10 with medications. He uses glucosamine compound, naproxen, omeprazole, melatonin, tizanidine and tramadol. No reactions or side effects were noted. The review of systems for the GI system was negative for nausea, indigestion, heartburn, abdominal pain. The 11/14/12 lumbar MRI shows degenerative disc disease multilevel. 3-mm left protrusion L4/5 with severe left lateral recess and moderate right lateral recess narrowing. Moderate-severe spinal canal stenosis AP diameter of 5mm. Diagnoses include lumbar disc L4/5, and L5/S1, severe spasm, left radiculopathy, and chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cartivisc prescription 500/200/150mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37-38, 50, 63,111-113.

**Decision rationale:** Cartivisc is a compounded medication with glucosamine and chondroitin and methylsulfonylmethane (MSM). The MTUS Chronic Pain Guidelines have some support for Glucosamine sulfate, but not glucosamine HCL. MTUS Chronic Pain Guidelines do not appear to recommend MSM. Cartivisc is not in accordance with the MTUS Chronic Pain Guidelines because of the MSM component. The Guidelines give a general statement on compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Consequently, the request for 1 Cartivisc prescription 500/200/150mg #90 is not medically necessary and appropriate.

**1 prescription of Naproxen sodium 550mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The MTUS Chronic Pain Guidelines for anti-inflammatory medications state: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain (LBP) concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of naproxen for the chronic low back pain appears to be in accordance with MTUS Guidelines. The request for 1 prescription of Naproxen sodium 550 mg #60 is medically necessary and appropriate.

**1 prescription of Omeprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS, GI Symptoms & Cardiovascular risk Page(s): 68-69.

**Decision rationale:** The medical records provided for review do not show any history or risk factors for GI events. A report from 7/1/13 has a review of systems and results for the GI system are negative for a history of GI issues, including indigestion or heartburn. There is no mention of side effects or dyspepsia with any of the medications. The use of Omeprazole in this case is not in accordance with MTUS Chronic Pain Guidelines. The request for one prescription of Omeprazole 20mg #60 is not medically necessary and appropriate.

**One prescription of Tizanidine 4mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** According to the medical records provided for review, the patient is reported to have severe muscle spasms and lower back pain. Medications have helped reduce his pain levels from 7-8/10 to 4/10. The MTUS Chronic Pain Guidelines state when using tizanidine, to monitor liver functions at baseline, 1, 3, and 6-months out. So it appears that tizanidine has some indications for longer-term use than some of the other muscle relaxants. The use of tizanidine appears to be in accordance with MTUS Chronic Pain Guidelines. The request for one prescription of Tizanidine 4mg #60 is medically necessary and appropriate.