

<b>Case Number:</b>	CM13-0045858		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 50 year-old with a date of injury of 09/22/11. A progress report included by [REDACTED] dated 09/30/13, identified subjective complaints of increased pain, stress, and anxiety. No gastrointestinal symptoms are mentioned. Objective findings included lumbar tenderness. Motor and sensory function was "unchanged". Diagnoses include previous lumbar fusion, lumbar radiculopathy and facet arthropathy. Also medication related dyspepsia and chronic nausea / vomiting. Treatment has included lumbar fusion and oral medications. At the time of this visit, the medications included Norco, tramadol, Neurontin, Zanaflex, Zofran, omeprazole. This therapy has been in excess of six months. There is no listing of an NSAID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Muscle Relaxants.

**Decision rationale:** Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist antispasticity/antispasmodic muscle relaxant. Dosage recommended is 2-4 mg every eight hours up to a maximum of 36 mg per day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of Tizanidine for low back pain (Chou 2007). Other authors recommend Tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. The original denial for services was based in part on the lack of documentation for muscle spasm. Therefore, the Guidelines indicate there is medical necessity for Tizanidine.

**Protonix DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI). The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. The record does indicate that the patient has had side-effects from previously prescribed medications. However, the specific medications are not listed and whether there would be continued concurrent therapy with those medications, nor the specific and quantitative benefit achieved by the use of Prilosec. Likewise, there is no documentation of concurrent NSAID therapy. Therefore, the medical record does not document the medical necessity for Prilosec.

**Zofran 4mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, Pain, Ondansetron (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron; Antiemetics.

**Decision rationale:** Zofran (Ondansetron) is a serotonin 5-HT<sub>3</sub> receptor antagonist used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the use of antiemetics or Zofran specifically. The Official Disability Guidelines (ODG) state that ondansetron is not recommended for nausea and vomiting secondary to opioids use. Likewise, it

is only FDA-approved for nausea and vomiting secondary to chemotherapy, postoperative use, and gastroenteritis. Therefore, the medical record does not document the medical necessity for Zofran in this case.