

<b>Case Number:</b>	CM13-0063593		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Physical Medicine & Rehabilitation, 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 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 58-year-old male who reported an injury on 12/03/2007; the mechanism of injury was not provided within the medical records. The clinical note dated 05/19/2014 indicated diagnoses of cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, medication-related dyspepsia, chronic pain syndrome, left C8-T1 radiculopathy per the 10/26/2009 EMG/NCV, left L5-S1 radiculopathy per the 10/26/2009 EMG/NCV. On physical exam of the cervical and lumbar spine, there were spasms and tenderness. There was tenderness in the left trapezius muscle and occipital. The range of motion of the cervical spine was moderately limited due to pain. The injured worker's pain was significantly increased with flexion, extension and rotation. The injured worker's range of motion of the lumbar spine was severely limited secondary to pain. His sensory exam revealed decreased sensitivity to touch along the L4-S1 dermatome in the lower left extremity. The injured worker's straight leg raise in the seated position was positive on the left for radicular pain at 70 degrees. An unofficial x-ray of the lumbar spine dated 04/16/2014 revealed chronic spondylotic changes, lumbosacral junction and early arthritic changes of the sacroiliac joints and postsurgical changes to the right upper abdomen and pelvic phlebolith seen incidentally. The injured worker completed prior acupuncture therapy and reported improved pain control and functional improvement. The injured worker was counseled as to the benefits and potential side effects of the prescribed medications. The injured worker was without significant adverse drug side effects and had been compliant with medication use, and a pain contract was on file. The injured worker was monitored with periodic urinary drug testing and CURES reporting. A periodic 6 month re-evaluation of function using a valid testing instrument was utilized. The injured worker's prior treatments have included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Lortab, Lidoderm, naproxen, Protonix and tizanidine.

The provider submitted a request for naproxen and tizanidine. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NAPROXEN 550MG 1 Q 12HRS #60:** Upheld

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

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

**Decision rationale:** The request for Naproxen 550MG 1 Q 12HRS #60. The California Chronic Pain Medical Treatment Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of pain. There is no significant clinical evidence in the documentation provided of the efficacy or functional improvement of the prescribed medications. In addition, there is lack of quantified pain relief documentation submitted. Therefore, the request for naproxen 550 mg 1 every 12 hours for 60 tablets is non-certified.

**TIZANIDINE 2MG 1 Q 12HRS #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** The request for Tizanidine 2MG 1 Q 12HRS #60 is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation lacks evidence of this medication providing desired effects for the injured worker. There is a lack of quantitative pain relief and functional improvement in the documentation provided. In addition, the injured worker has been prescribed tizanidine since at least 12/16/2013. This exceeds the guideline recommendation of short-term treatment. Therefore, the request for tizanidine 2 mg 1 every 12 hours for 60 tablets is non-certified.