

<b>Case Number:</b>	CM14-0010868		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is 47-year-old female who has submitted a claim for lumbar post laminectomy syndrome, lumbar radiculitis, adjustment disorder with mixed anxiety and depressed mood associated from an industrial injury date of January 17, 2011. Medical records from 2012-2014 were reviewed, the latest of which dated January 8, 2014 revealed that the patient had acute pain in lumbar spine that radiated to the bilateral lower limbs. There was no significant change in her status. She noted benefit from gabapentin at bedtime; however, retaining water with this medication. She has low back pain that radiates to her right over left leg but does switch at time. Her left leg does feel weak sometimes. She states that medications are working well. On physical examination, range of motion of the lumbar spine is restricted with flexion to approximately 35 degrees, extension to approximately 15 degrees, left lateral bending to approximately 10 degrees. There was spasm and tenderness of the paravertebral muscles, and spasm that occur with end range of motion. Spinous process tenderness was noted on L5 and to coccyx. The patient cannot walk on toes. Sensation to light touch and pinprick is decreased over S1 distribution on the left side. Patellar reflex is 2/3 bilaterally. Hamstring reflex is 2/3 bilaterally. Achilles reflex is 2/3 on the right and 1/3 on the left. There is some fatigue of the left plantar flexors with repetitive heel raises. Treatment to date has included left L5-S1 microdiscectomy (2/1/11), physical therapy, functional restoration program, home exercise program, and medications that include Percocet, baclofen, nabumetone, Advil, Ativan, Lexapro, Relpax and Zofran. Utilization review from December 26, 2013 denied the requests for TIZANIDINE HCL 4MG, GABAPENTIN 300MG #90, BACLOFEN 10MG #30, and NABUMETONE 750MG because a clinical assessment from the treating physician had not been provided to support the need for the requested medications; objective evidence of pain relief and functional improvement with medication use was not noted to justify continued treatment; clarification is needed regarding the duration of time that the

patient had been taking muscle relaxants; it was unclear why two muscle relaxants are being prescribed; and the quantity of nabumetone and tizanidine being requested were not specified.

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

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

#### **Tizanidine Hcl 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been on tizanidine since February 2013 for muscle spasm. In the most recent clinical evaluation, there is noted spasm in the paravertebral muscles and spasm that occurs in the end range of motion. The patient is on NSAIDs and there is no clear indication at this time to necessitate adjunct treatment with muscle relaxants. Also, extension of treatment is beyond guideline recommendation. Moreover, the amount to be dispensed was not specified. Therefore, the request for TIZANIDINE HCL 4MG is not medically necessary.

#### **Gabapentin 300mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18; 49.

**Decision rationale:** As stated on pages 16-18 and 49 of the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, patient presented with low back pain radiating to bilateral lower extremities. Gabapentin has been prescribed since April 2013. Patient noted functional improvement derived from its use. Therefore, the request for GABAPENTIN 300MG #90 is medically necessary.

#### **Baclofen 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been on baclofen since December 2012 for muscle spasm. In the most recent clinical evaluation, there is noted spasm in the paravertebral muscles and spasm that occurs in the end range of motion. The patient is on NSAIDs and there is no clear indication at this time to necessitate adjunct treatment with muscle relaxants. Also, extension of treatment is beyond guideline recommendation. Therefore, the request for BACLOFEN 10MG #30 is not medically necessary.

**Nabumetone 750mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Nabumetone Page(s): 67; 72-73.

**Decision rationale:** As stated on pages 67 and 72-73 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. There is no evidence of long-term effectiveness for pain or function. In addition, guidelines state that nabumetone is recommended for osteoarthritis. In this case, the patient has been on nabumetone since December 2012 for pain control. In the most recent clinical evaluation, there is no evidence of pain relief or functional improvement. Also, extension of treatment is beyond guideline recommendation. Moreover, the amount to be dispensed was not specified. Therefore, the request for NABUMETONE 750MG is not medically necessary.