

Case Number:	CM14-0156013		
Date Assigned:	09/25/2014	Date of Injury:	11/02/2011
Decision Date:	12/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 57 year old employee with date of injury of 11/2/2011. Medical records indicate the patient is undergoing treatment for chronic lumbar backache, lumbar myospasm, lumbar sprain/strain and radicular pain involving lower extremities and right knee arthralgia. Subjective complaints include functional improvements with ADL's, ability to exercise and increased sleep. Pain medication allows the patient increased functionality. Objective findings include increased range of motion (lumbar flexion, 59 and extension, 25). Kemp's is negative on left and right. His spasms (2.4) have decreased and his right and left leg have increased strength. The patient reports good outcomes with PT and chiropractic care. Treatment has consisted of PT, TENS unit, chiropractic care, HEP, Senokot, Colace, Norco, Lyrica, Zanaflex and Etodolac. The patient received a transforminal left lumbar epidural steroid injection with fluoroscopy at L5, S1, two levels on 9/14. The utilization review determination was rendered on 9/10/2014 recommending non-certification of Zanaflex 4mg #60 and Etodolac 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #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, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is the brand name version of Tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008)."MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Zanaflex. The medical documents indicate that the patient is beyond the initial treatment window and period. As such, the request for Zanaflex 4mg #60 is not medically necessary.

Etodolac 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: Etodolac (Lodine) is nonselective NSAID. MTUS states "Nonselective NSAIDs: (Inhibits COX-1 and COX-2) Mechanism of action: Inhibits prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2, which results in decreased formation of prostaglandins involved in the physiologic response of pain and

inflammation"MTUS states" Etodolac(Lodin Lodine XL, generic available): Dosing: Lodine: Osteoarthritis: 300mg PO 2-3 times daily or 400 - 500mg twice daily (doses > 1000mg/day have not been evaluated). Lodine XL: Osteoarthritis: 400 to 1000 mg once daily. A therapeutic response may not be seen for 1-2 weeks".MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not detail how long the patient has been on Etodoloac, but the MTUS guidelines recommend against long-term use of NSAIDS. As such, the request for Etodolac 500mg #60 is not medically necessary.