

<b>Case Number:</b>	CM14-0162330		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/17/1994
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational Medicine, 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:

This is a 56-year-old male with a 1/17/94 date of injury, when he sustained injuries to the lower back. The patient underwent laminectomy, hemilaminectomies and discectomy in 1994 and L5-S1 fusion in 1998. The spinal cord stimulator was placed on 1998. The patient was seen on 7/22/14 with complaints of 2-3/10 constant, dull, achy, sharp and shooting low back pain. The pain was radiating to the left lower extremity with associated numbness and tingling. The patient denied any side effects from the medications and reported increased activities of daily living with the use of this regimen. Exam findings revealed that the patient was ambulating in a wheelchair. The examination of the lumbar spine revealed scars at the midline, flexion 30 degrees, extension 10 degrees and right and left rotation 10 degrees with right and left lateral flexion 30. The motor strength was 5/5 in both lower extremities in all muscle groups. The patient was noted to be on Avinza, Lyrica, Tizanidine, Lexapro and other medications. The diagnosis is postlaminectomy syndrome, lumbago and lumbar radiculitis. Treatment to date: laminectomy, hemilaminectomies, L5-S1 fusion, spinal cord stimulator, 2 toes removal, and medications, work restrictions. An adverse determination was received on 9/3/14. The requests for Avinza 60 mg #30 and Lyrica 100mg #60 were certified. The request for Tizanidine 4mg #60 was not medically necessary given that the documents did not identify the presence of spasticity and significant functional improvement, however the determination letter stated that 1 month supply was approved for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO AVINZA 60MG #30 DOS 7/22/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been noted to utilize Avinza at least from 4/29/14. The UR decision dated 9/3/14 certified the request for Avinza 60MG #30. Therefore, the request for Avinza 60mg #30 DOS 7/22/14 was not medically necessary.

**RETRO LYRICA 100MG #60 DOS 7/22/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Lyrica Page(s): 20.

**Decision rationale:** CA MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. The patient has been noted to utilize Lyrica at least from 4/29/14. The UR decision dated 9/3/14 certified the request for Lyrica 100mg #60. Therefore, the request for Lyrica 100mg #60 DOS 7/22/14 was not medically necessary.

**RETRO TIZANIDINE 4MG #60 DOS 7/22/14:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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. The patient has been noted to utilize Tizanidine at least from 4/29/14. The physical examination dated 7/22/14 did not reveal any spasticity and there is a lack of documentation indicating subjective and objective functional gains from prior use with this muscle relaxant. In addition, the UR decision dated 9/3/14 certified the request for Tizanidine 4mg #60 for weaning purposes. It is not clear if the patient started the weaning process and there is a lack of new documentation indicating any functional improvements from the use of Tizanidine. Therefore, the request for Tizanidine 4MG #60 DOS 7/22/14 was not medically necessary.