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| <b>Case Number:</b>   | CM14-0169247 |                              |            |
| <b>Date Assigned:</b> | 10/17/2014   | <b>Date of Injury:</b>       | 03/13/2006 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2014 |

### 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 Family Practice, 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:

49 yr. old male claimant sustained a work injury on 3/13/06 involving the low back. He was diagnosed with lumbar degenerative disc disease, radiculopathy and lumbar stenosis. He underwent a L3-L5 fusion in 2010 and developed post-laminectomy syndrome. He had been on Norco and Ibuprofen for pain since at least 2013 along with proton pump inhibitors for gastric protection. A progress note on 9/9/14 indicated the claimant had 9/10 pain which reduced to 2/10 with medications. Exam findings were notable for limited range of motion of the lumbar spine and a positive left sided straight leg raise. Facet loading was positive. There was hypoalgesia in the L5 dermatome. He had nausea due to NSAID use. The claimant was given Gabapentin for radiculopathy, continued on Ibuprofen , added on Misoprostol for gastric protection and initiated on Tizanidine. In addition, an Injection of Toradol and Kenalog were given for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 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 Page(s): 63.

**Decision rationale:** Tizanidine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on NSAIDs as well as Opioids for over a year. Tizanidine was prescribed for a month's use which is longer than recommended by the guidelines and is not medically necessary.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, the claimant had been on opioids and NSAIDs for a year. He had nausea with the use of NSAIDs and was additionally given an injection of Steroids and NSAID (Toradol). The long-term and continued use of Ibuprofen along with intramuscular NSAIDs and opioids in the face of gastric complaints is not medically necessary.

**Misoprostol 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, Misoprostol is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Misoprostol is not medically necessary.