

Case Number:	CM14-0169596		
Date Assigned:	10/17/2014	Date of Injury:	05/09/2002
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 Medicine and is licensed to practice in New York. 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 60 year old male who was injured on 5/9/02 when he developed a right inguinal hernia after carrying heavy containers. The medical records were reviewed. He had surgery and then a subsequent revision in 2003 after having continued pain. He complained of right groin pain like a "serrated knife" in his groin, sexual dysfunction, depression, and anxiety. He was diagnosed with failed hernia surgery, sexual dysfunction, chronic pain syndrome, and depression. He had a spinal cord stimulator placed. His medications included Cymbalta, Lyrica, anti-inflammatories, Tizanidine, and narcotics. As per the note, his medications make it hard for him to concentrate for prolonged periods of time. There was a request for testosterone replacement because of the effects of chronic narcotics and anti-depressants. The current request is for continued use of Tizanidine and Diclofenac-Misoprostol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

Decision rationale: The request for Tizanidine is medically unnecessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. The patient has been on long term use for his right groin pain. The pain described is more neuropathic, burning pain rather than a spasm. As per the note, his medications make it hard for him to concentrate for prolonged periods of time. Tizanidine may be contributing to this effect. Therefore, the request is considered medically unnecessary.

Diclofenac Sodium-Misoprostol 50mg 200 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDS, Diclofenac

Decision rationale: The request for Diclofenac-Misoprostol is not medically necessary. The MTUS does not address this drug, but the Official Disability Guidelines states that this drug is not "recommended as first line due to increased risk profile." Misoprostol is used to treat NSAID induced ulcers. However, Omeprazole was found to be as effective as Misoprostol and better tolerated. Therefore, Misoprostol should not be used as first line. Diclofenac has been found to increase cardiovascular risk. The patient did not have relief with Motrin, but there was no documentation that other forms of anti-inflammatories were prescribed or PPIs were prescribed. Therefore, the request is considered not medically necessary.