

<b>Case Number:</b>	CM14-0170081		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back, neck, and low back pain reportedly associated with an industrial injury of February 22, 2013. In a Utilization Review Report dated October 9, 2014, the claims administrator partially approved a request for Celebrex, denied a request for Tizanidine, denied a request for gabapentin, and denied a request for Omeprazole. The claims administrator stated that the applicant did have issues with Motrin-induced dyspepsia and therefore approved Celebrex. The claims administrator stated that it was basing its decision on an October 3, 2014 RFA form. The applicant's attorney subsequently appealed. In a progress note dated September 24, 2014, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of foot pain. The note was very difficult to follow. Subjective complaints were not always readily discernible. The applicant did report issues with heartburn. The applicant was reportedly unchanged. A podiatry consultation was sought. Celebrex, Omeprazole, Tizanidine, and gabapentin were endorsed, in many cases with four to five refills apiece. Gabapentin was seemingly endorsed with one to two refills. In an earlier narrative report of July 30, 2014, the applicant reported ongoing complaints of low back, hamstring, and leg pain. It was suggested that the applicant was able to perform the essential functions of her job. The applicant was returned to regular duty work. Medication selection and medication efficacy were not discussed on this date. In an earlier note dated June 18, 2014, the attending provider again suggested that the applicant was working as a parking enforcement officer despite ongoing complaints of back pain. In a March 26, 2014 letter, the claims administrator stated that the applicant had last worked on July 4, 2013 and had not worked since that point in time. In a May 22, 2014 medical-legal evaluation, it was suggested that the applicant was off of work and had received Workers' Compensation indemnity benefits for an extended amount of time but reportedly resumed work

on April 1, 2014 as a vehicle patrol officer. The applicant was reportedly using Motrin at this point, it was stated. The applicant had reportedly ceased using tramadol because of feelings of hangover and lack of analgesia.

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

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

**Celebrex 200mg #60 with refills (# of refills not stated): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22.

**Decision rationale:** As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are recommended in applicants with a history of GI complications and dyspepsia with nonselective NSAIDs such as Motrin and Naprosyn. In this case, the applicant had reported issues with heartburn associated with Motrin usage. Introduction of Celebrex in lieu of Motrin was therefore indicated. Accordingly, the request is medically necessary.

**Tizanidine 4mg #60 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section, Muscle Relaxants topic Page(s): 63 and 66.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off-label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that muscle relaxants, as a class, should be reserved for short-term use purposes to combat acute exacerbations of chronic low back pain. The request for Tizanidine 4 mg #60 with four refills, thus, runs counter to MTUS principles and parameters as it implies chronic, long-term, and/or scheduled use of the same. Therefore, the request is not medically necessary.

**Gabapentin 300mg #100 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AED's) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic, Gabapentin section Page(s): 49,19.

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain, as appears to be present here in the form of the applicant's chronic low back pain radiating to the leg. The request in question did seemingly represent a first-time request for gabapentin, which was apparently introduced on September 24, 2014. As further noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it often takes three to eight weeks for gabapentin to be titrated to maximum tolerated dosage. The request, thus, as written, does conform to MTUS parameters. Therefore, the request is medically necessary.

**Omeprazole 2mg #60 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider's handwritten commentary of September 24, 2014 did suggest that the applicant was having ongoing issues with NSAID-induced dyspepsia. Introduction of omeprazole, a proton pump inhibitor, was indicated to combat the same on and around the date in question, September 24, 2014. Therefore, the request is medically necessary.