

<b>Case Number:</b>	CM14-0171202		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Internal 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:

According to the records made available for review, this is a 41-year-old female with an 11/15/06 date of injury. At the time (10/1/14) of request for authorization for Tizanidine 4mg 390 (refill x1) and Suprenza (Phentermine) 3.75mg #30, there is documentation of subjective (back pain) and objective (tenderness to palpation over lumbar spine, decreased lumbar range of motion, and body mass index of 39.1) findings, current diagnoses (chronic low back pain, morbid obesity, chronic pain syndrome, and failed spinal fusion), and treatment to date (medications (including ongoing treatment with Oxycontin and Flexeril)). Medical report identifies that phentermine will be used for a month to reduce appetite and to help jump start dietary efforts. Regarding Tizanidine 4mg 390 (refill x1); there is no documentation of acute exacerbation of chronic low back pain; and intention for short-term (less than two weeks) treatment. Regarding Suprenza (Phentermine) 3.75mg #30, there is no documentation that Suprenza (Phentermine) will be used in combination with exercise, diet, and behavioral modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg 390 (refill x1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, chronic pain syndrome, and failed spinal fusion. In addition, there is documentation of Tizanidine used as a second line option. However, despite documentation of pain, and given documentation of an 11/15/06 date of injury, there is no documentation of acute muscle spasm, or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Tizanidine 390 (refill x1); there is no (clear) documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg 390 (refill x1) is not medically necessary.

**Suprenza (Phentermine) 3.75mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/cdi/suprenza-orally-disintegrating-tablets.html>

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of obesity, and Suprenza (Phentermine) used for short-term for weight loss in combination with exercise, diet, and behavioral modification, as criteria necessary to support the medical necessity of Suprenza (Phentermine). Within the medical information available for review, there is documentation of diagnoses of chronic low back pain and morbid obesity. In addition, given documentation that Suprenza (Phentermine) will be used for a month, there is documentation of an intention for short-term treatment. However, despite documentation that Suprenza (Phentermine) used to help jump start dietary efforts, there is no (clear) documentation that Suprenza (Phentermine) will be used in combination with exercise, diet, and behavioral modification. Therefore, based on guidelines and a review of the evidence, the request for Suprenza (Phentermine) 3.75mg #30 is not medically necessary.