

<b>Case Number:</b>	CM14-0034055		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 56-year-old female who reported injury on 10/23/2001. The mechanism of injury was not provided. The documentation of 02/12/2014 revealed the patient had pain to the bilateral legs and knees, bilateral ankles and had tarsal tunnel syndrome. The injured worker had pain in the bilateral legs, bilateral feet and ankles. The injured worker had tarsal tunnel syndrome and the pain came from the ankles and went up to the knees, into the calves and shins. The injured worker indicated she had spasms. It was indicated the injured worker was utilizing Tizanidine 2 tablets 2 times a day and 1200 mg of Gralise. The diagnoses included tarsal tunnel syndrome, low back pain, depressive disorder, gastroesophageal reflux, and urinary incontinence. The treatment plan included Gralise 1200 mg at dinnertime, omeprazole 20 mg #30, Tizanidine 2 mg #90 with 3 refills as needed for spasms. Most use was twice a day, but on days of no school may use 3 times a day, Lidoderm #60 2 patches per day, Pristiq 50 mg #30 with 3 refills 1 daily for depression, and Indomethacin 25 mg 1 by mouth twice a day #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizandine 2mg tablets, one tablet TID, #45 and three refills:** 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.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for longer than 3 weeks as it was a current medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Tizanidine 2 mg 1 tablet 3 times a day #45 and 3 refills is not medically necessary.

**Pristiq 50 mg tablet QD, #15 and three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review indicated this was a first use for the medication. As such, there was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The submitted request failed to include the frequency for the medication. Given the above, the request for Pristiq 50 mg tablets daily #15 and 3 refills is not medically necessary.