

<b>Case Number:</b>	CM14-0054456		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/16/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 patient is a 51 years old male with an injury date on 08/16/2009. Based on the 04/08/2014 progress report provided by [REDACTED] the diagnoses are: 1. Chronic pain other 2. Lumbar Radiculopathy 3. Status Post Fusion, Lumbar Spine 4. Depression 5. Diabetes Mellitus 6. Hypertension 7. Iatrogenic Opioid Dependency 8. Vitamin D deficiency 9. Status post left total knee arthroplasty According to this report, the patient complains of low back pain that does not radiate to the lower extremities. The patient also noted pains in the bilateral elbows, hands, and knees. The pain is rated as a 6.5/10 with medications and as a 7.5/10 without medications. Tenderness and spasm was noted in the bilateral lumbar paraspinal musculature. Range of motion of the lumbar spine is moderately limited secondary to pain. MRI of Lumbar Spine on 09/24/13 reveals L2-3: 1-2 mm diffuse disc bulge and neural foramina are mildly stenotic bilaterally, L3-4: 3 mm disc osteophyte complex, decompressed spinal canal secondary to laminectomy, severe left neural foraminal stenosis, and moderate right neural foraminal stenosis, L4-L5: 4 mm discosteophyte complex, mild to moderate bilateral neural foraminal stenosis, and L5-S1: 5 mm protrusion, spinal canal is mildly narrowed at 10 mm, and moderate to severe bilateral neural foraminal stenosis. The patient's current medications are Cymbalta, Lyrica, Vitamin, Tizanidine, Pantoprazole and Restone. There were no other significant findings noted on this report. [REDACTED] is requesting: Tizanidine 2mg, #90, Pantoprazole 20mg, #30, Restone 3-100mg caps #30. The utilization review denied the request on 04/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/2013 to 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 2MG, #90: Overturned**

**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 ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** According to the 04/08/2014 by [REDACTED] this patient presents with low back pain, bilateral elbows, hands, and knees. The treater is requesting Tizanidine 2mg, #90. The treater is requesting tizanidine, a muscle relaxant. The MTUS guidelines page 66, Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergicagonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia (ICSI, 2007). This patient presents with chronic pain and has had surgery in the spine. MTUS supports the use of Zanaflex. Therefore, recommendation is for authorization.

**PANTOPRAZOLE 20MG, #30: 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, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 04/08/2014 by [REDACTED] this patient presents with low back pain, bilateral elbows, hands, and knees. The treater is requesting Pantoprazole 20mg, #30. The MTUS Guidelines state Pantoprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD (peptic ulcer disease), gastritis, etc. A Review of the reports does not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Recommendation is for denial.

**RESTONE 3-100 MG CAPS (MELATONIN-TRYPTOPHAN), #30: Overturned**

**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 Official Disability Guidelines (ODG) Remeron for insomnia: Sedating antidepressants.

**Decision rationale:** According to the 04/08/2014 by [REDACTED] this patient presents with low back pain, bilateral elbows, hands, and knees. The treater is requesting Restone 3- 100mg, #30. The MTUS and ACOEM guidelines do not discuss this medication. Therefore, the ODG guidelines were referenced. The ODG guidelines have the following regarding Remeron for insomnia: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression). Review of the report indicated the patient presents with depression and chronic pain. The use of Remeron appears reasonable and consistent with the guidelines. MTUS supports antidepressants for chronic pain. Recommendation is for authorization.