

<b>Case Number:</b>	CM14-0067120		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 10/29/2007. The mechanism of injury was not provided. The injured worker has diagnoses of insomnia; spondylosis, cervical without myelopathy; cervical radiculopathy; chronic pain; muscle spasms; myalgia and myositis, unspecified; depression; carpal tunnel syndrome; neck pain; chronic pain due to trauma; lesion of ulnar nerve; pain in joint involving the hand; chronic pain syndrome; heartburn; hypertension, benign; spinal fusion; anxiety; hypotestosteronemia; and headaches. Past treatments/tests included medications, urine drug screenings, CURES, COAT, and exercise. Past surgical history included a cervical fusion on 12/06/2012. On 04/11/2014, the injured worker was seen for back pain. This pain was moderate and improving. The location of pain was the upper back, arms, neck, and hand. The pain radiated to the left and right arms. The pain was described as achy, deep, discomforting, and stabbing. His symptoms were aggravated by changing position, daily activities, extension, flexion, lifting, rolling over in bed, and sitting. Symptoms were relieved by lying down, pain medications, stretching, and rest. There was maximum tenderness in the shoulders, facet, pericervical, trapezius, suboccipital triangle right and left. The pain level without medications was a 7/10 and with medications was 5/10. The injured worker was working. His current medications include ibuprofen 600 mg 1 tablet 2 to 3 times a day; Butrans 5 mcg/hour 1 patch transdermal 1 apply transdermal route every 7 days; Aciphex 20 mg 1 every day; alprazolam 1 mg 1 to 2 tablets every day; Cymbalta 20 mg 1 capsule every day; gabapentin 300 mg 1 to 2 twice a day; Silenor 6 mg 2 60 minutes before bedtime; Norco 10/325 mg 1 every 8 to 12 hours as needed; Zanaflex 4 mg 1 to 2 by mouth twice a day as needed; and lisinopril 10 mg 1 tab every day. The treatment plan was to renew medications and continue to periodically monitor with urine drug screens and routine labs. The request was for Zanaflex 4 mg #120 with 1

refill, Alprazolam ER 1 mg #60 with 1 refill, and Aciphex 20 mg #30 with 1 refill. The rationale was not provided. The Request for Authorization was dated 04/11/2014.

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

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

**Zanaflex 4mg, #120 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The request for Zanaflex 4mg, #120 with 1 refill is non-certified. The injured worker had a history of back pain. The California MTUS recommend non-sedating muscle relaxants with caution as a second-line option treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There is a lack of documentation as to the effectiveness and functional benefit of said medication. There is a lack of documentation as to the necessity for a muscle relaxant at this time. There is not a clear rationale as to the need of muscle relaxants at this time. As such, the request is non-certified.

**Alprazolam ER (Extended Release) 1mg, # 60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** The request for alprazolam ER (extended release) 1mg, #60 with 1 refill is non-certified. The injured worker has a history of back pain. Alprazolam ER is a benzodiazepine. The California MTUS Guidelines suggest benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. There is an unclear medical rationale for the use of benzodiazepines. There is lack of documentation of effectiveness and functional benefit. As such, the request is non-certified.

**Aciphex 20mg, #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor) gastrointestinal symptoms and cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): page 68.

**Decision rationale:** The request for Aciphex 20mg, #30 with 1 refill is non-certified. The injured worker has a history of back pain. Aciphex is a proton pump inhibitor. The California MTUS Guidelines state patients at intermediate risk for gastrointestinal events and no cardiovascular disease a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g 4 times daily) or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The injured worker has a history of heartburn. There is a lack of documentation for any recent heartburn. There is also lack of documentation as to any gastrointestinal issues related to use of NSAIDs. As such, the request is non-certified.