

<b>Case Number:</b>	CM14-0087313		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 37-year-old female who reported an injury on 03/05/2009 due to an injury where she was leaning against a desk attached to a partition and the partition fell. The injured worker has diagnoses of degenerative disc disease L2-3 with low back and left inguinal pain, multilevel facet arthropathy L3-4 and L5-S1, and lumbar facet degenerative disc disease at L3-4 mild, L4-5 moderate and L5-S1, severe, bilaterally. The injured worker's past medical treatment includes the use of a TENS unit, physical therapy, the use of a cane, psychiatric evaluations and medication therapy. Medications include Ibuprofen 800mg, Tizanidine 4mg, and Omeprazole 20mg. The frequency and duration were not included in the records submitted. The treatment plan is for the injured worker to continue medications, which are Tizanidine 4mg, Ibuprofen 800mg, and Omeprazole 20 mg. The injured worker underwent an MRI of the lumbar spine on 04/13/2011. The injured worker complained of back pain. There were no measureable levels or specific location documented in the submitted report. A physical examination dated 03/27/2014 revealed that the injured worker had normal deep tendon reflexes with intact sensory. The injured worker's Babinski test was normal. The paraspinal muscles were symmetrical without any swelling or muscle spasm. Deep tendon reflexes were symmetrically bilaterally at the lower extremities. Lumbar spine range of motion revealed a forward flexion of 50 degrees, extension of 5 degrees with pain, right lateral bending 15 degrees and left lateral bending of 10 degrees with pain. Straight leg raise was negative on the right and negative on the left. Faber's test was positive bilaterally. Patrick sign was negative bilaterally. Examination of the lower extremity bilaterally revealed sensation was intact. Dorsalis pedis pulses were 1+ bilaterally. Motor exam was intact, 5/5 right lateral lower extremities. The treatment plan is for the injured worker to continue with the use of Tizanidine, Ibuprofen, and Omeprazole. The rationale and Request for Authorization Form were not available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (Tizanidine) Page(s): 63, 64, and 66.

**Decision rationale:** The request for Tizanidine 4mg is not medically necessary. The injured worker complained of back pain. There were no measureable pain levels or specific location documented in the submitted report. The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) 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. Tizanidine (Zanaflex, generic available) is a centrally-acting alpha2-adrenergic agonist that is FDA - approved for management of spasticity with unlabeled use for low back pain. Given the above, the request is not within the MTUS Guidelines. There was no assessment regarding functional improvement as a result of the use of this medication. There was no evidence of the injured worker having trialed and failed any first-line treatment therapy. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication Tizanidine had been used since at least 01/02/2014; but as per guidelines, Tizanidine is not recommended for long term use. Additionally, Tizanidine is a muscle relaxant, and in the submitted report it was indicated that the injured worker had no spasms. Furthermore, the request for the use of Tizanidine did not include a frequency or duration. As such, the request for Tizanidine 4mg is not medically necessary.

**Ibuprofen 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

**Decision rationale:** The request for Ibuprofen 800mg is not medically necessary. The injured worker complained of back pain. There were no measureable pain levels or specific location documented in the submitted report. The California MTUS guidelines indicate that Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis, and they recommend the lowest effective dose be used for all NSAIDs for the

shortest duration of time consistent with the individual patient treatment goals. The recommended dosage is 400mg by mouth every 4-6 hours as needed. The submitted report dated 03/27/2014 showed the injured worker was taking Ibuprofen 800mg. Long-term use of Ibuprofen can put people at high risk for developing NSAID-induced gastric ulcers. Given that the request exceeds the recommended guidelines for the use of an NSAID, the request is not within the MTUS Guidelines. The request as submitted did not specify a duration or a frequency of the requested medication. Furthermore, the efficacy of the medication was not provided to support continuation of the requested medication. As such, the request for Ibuprofen 800mg is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs (Omeprazole) Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20mg is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors (PPIs) may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report verified that the injured worker had been taking the NSAID Ibuprofen since at least 03/27/2014. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the medication, cardiovascular disease, or significant risk for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence-based guidelines. The request as submitted also did not specify a duration or a frequency of the medication. As such, the request for Omeprazole 20mg is not medically necessary.