

<b>Case Number:</b>	CM14-0172552		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/10/1992
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 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:

The injured worker (IW) is a 56-year-old man with a date of injury of February 10, 1992. The mechanism of injury was not documented in the medical record. The IW was being treated for chronic cervical and lumbar spine pain. Pursuant to the progress report dated September 17, 2014, the IW complains of low back pain that radiates to the bilateral lower extremity, which is worse on the right side up to his right foot. Standing, walking, and prolonged sitting aggravates his pain and has to change positions frequently. Combination of current medications is helping without adverse effects and the IW is requesting refills of his medications. Objective physical findings indicated the IW was negative for anxiety. Spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Antalgic gait was noted. Dysesthesia noted to light touch in the bilateral lower extremities. Strength is 5/5 in the bilateral hip flexion, extension, knee flexion, and extension. Ankle dorsiflexion and plantar flexion is 3-/5. The IW has been diagnosed with low back pain; clinically consistent lumbar radiculopathy; status post lumbar laminectomy; status post discectomy with fusion from C3 to C6; neck pain; cervical degenerative disc disease; and bilateral foot pain. Documentation in the medical records submitted indicated the IW has chronic pain induced depression. He has been taking Paxil and Abilify since at least 2011. The provider is requesting authorization for Tizanidine 4mg #90 x 3 refills, and Aripiprazole (Abilify) 5mg #30 x 3 refills. According to the documentation, the IW has been taking Tizanidine since 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg, #90 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Official Disability Guidelines, Tizanidine 4 mg #90 with three refills is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution 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. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the injured worker was taking Tizanidine as far back as 2009 (according to a progress note). Despite the use of continued Tizanidine use, the injured worker had continued complaints of low back pain and spasm despite its use. Tizanidine is indicated for short-term (less than two weeks) treatment. There is no compelling documentation to support its long-term use. Consequently, Tizanidine 4mg, #90 with three additional refills is not medically necessary.

**Aripiprazole 5mg, #30 with 3 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress section, Abilify

**Decision rationale:** Pursuant to the Official Disability Guidelines, Aripiprazole 5 mg #30 with three refills is not medically necessary. Aripiprazole (Abilify) is not recommended as a first-line treatment. It is an antipsychotic medication. It is indicated as a first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data is lacking. In this case, the injured worker was taking both Paxil and Abilify since 2011. The documentation indicates it helps keeps his mood upbeat. There is no objective functional improvement documented in association with continued use of Paxil and Abilify. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. Consequently, Abilify (aripiprazole) 5 mg #3 refills is not medically necessary.