

Case Number:	CM14-0187877		
Date Assigned:	12/31/2014	Date of Injury:	08/19/2007
Decision Date:	02/25/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year old employee with date of injury of 8/19/07. Medical records indicate the patient is undergoing treatment for postlaminectomy syndrome and postlaminectomy syndrome, lumbar region; disorder of trunk; thoracic or lumbosacral neuritis or radiculitis, unspecified and low back pain. Patient is s/p lumbar laminectomy, unknown date. Subjective complaints include consistent pain in the left shoulder, lower back and lower left extremity. She has ongoing neck pain. She says that she has painful muscle spasms that make it hard to get out of bed. She noted that the epidural injection she received "worked" to reduce her pain by 50-60% and greatly helped her with the ADL's to include walking and moving. Her outlook and mood have improved. She says that she is no longer experiencing the depression she had a result of her disability and would like to return to work. A second epidural injection on 9/27/13 at left L3-4 and L4-5 did not give her the same immediate relief that she had after the first injection, however, she is very happy because over the past several weeks she has had significant improvement. Her medication provide functional gains in assisting her mobility, ADL's and sleep. Objective findings include on the right and left lumbar spine: tenderness of the paraspinal region at L; active range of motion (ROM): on lateral flexion left and right: 10 degrees; flexion, 25 and extension, 10. On motor strength exam; the great toe extension extensor hallucis longus is 4/5. Sensation on the left: decreased sensation of the upper thigh, lower thigh; knee and medial leg; decreased sensation on the lateral leg and dorsum of the foot and sole of foot and posterior leg. Treatment has consisted of Meloxicam, Tinzidine and behavioral pain management. The

utilization review determination was rendered on 10/14/14 recommending non-certification of Meloxicam 7.5mg #60 and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam, NSAIDs Page(s): 61, 67-68.

Decision rationale: MTUS states "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. See NSAIDs." MTUS guidelines for NSAIDs are divided into four usage categories: Osteoarthritis (including knee and hip), Back Pain- Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, and Neuropathic pain. Regarding "Osteoarthritis (including knee and hip)", medical records do not indicate that the patient is being treated for osteoarthritis, which is the main indication for Meloxicam. Regarding "Back Pain- Acute exacerbations of chronic pain", MTUS recommends as a second-line treatment after acetaminophen. Medical records do not indicate that the patient has 'failed' a trial of tylenol alone. Regarding "Back Pain - Chronic low back pain", MTUS states, "Recommended as an option for short-term symptomatic relief". Regarding "Neuropathic pain", MTUS writes "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain". Medical records do not indicate that the patient is being treated for osteoarthritis. As such, the request for Meloxicam 7.5mg #60 is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Tizanidine (Zanaflex) is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic 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 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. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions."MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. 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. May also provide benefit as an adjunct treatment for fibromyalgia." Tizanidine is best used for acute exacerbations. While the treating physician does document that medications are helpful, the treating physician does not detail how much pain relief, and the length of the pain relief with Tizanidine. It should also be noted that previous reviewers recommended weaning of Tizanidine. As such, the request for Tizanidine 4mg #60 is not medically necessary.