

<b>Case Number:</b>	CM15-0134193		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on 4/11/2012. He reported acute left side back pain from lifting activity. Diagnoses include lumbar pain, facet arthropathy, and lumbar radiculopathy. Treatments to date include medication therapy, chiropractic therapy, and bilateral lumbar facet blocks. Currently, he complained of low back pain rated 3/10 VAS with medications and 9/10 VAS without medications. He reported increased functional improvement with Tizanidine for muscle spasms and Oxycodone/APAP for pain relief. It was noted he takes Naproxen for breakthrough pain a couple times a week. On 5/15/15, the physical examination documented lumbar tenderness and muscle spasms on left greater than right side. The Kemp's test was positive for pain at L4-L5 facets bilaterally. The plan of care included Naproxen 550mg tablets #90; and Tizanidine 4mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-98, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient complains of low back pain, rated at 3/10 with medications and 9/10 without medications, as per progress report dated 05/15/15. The request is for NAPROXEN 550 mg #90. There is no RFA for this case, and the patient's date of injury is 04/13/15. Diagnoses, as per progress report dated 04/13/15, included lumbar radiculopathy and lumbar pain. Current medications, as per progress report dated 05/15/15, included Aspirin, Cavedilol, Inositol, Lorazepam, Magnesium, Naproxen, Oxycodone and Tizanidine. The patient is off work, as per progress report dated 04/13/15. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 10/27/14. In the report dated 11/24/14, the treater states that medication helps with swelling in his back. As per progress report dated 05/15/15, medications help reduce pain from 9/10 to 3/10. However, this detail is not specific to Naproxen. Additionally, the treater does not discuss the impact of the Naproxen on function, as required by MTUS page 60. Hence, the request is not medically necessary.

**Tizanidine 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Medications for Chronic Pain Page(s): 63-66, 60.

**Decision rationale:** The patient complains of low back pain, rated at 3/10 with medications and 9/10 without medications, as per progress report dated 05/15/15. The request is for TIZANIDINE 4mg # 90. There is no RFA for this case, and the patient's date of injury is 04/13/15. Diagnoses, as per progress report dated 04/13/15, included lumbar radiculopathy and lumbar pain. Current medications, as per progress report dated 05/15/15, included Aspirin, Cavedilol, Inositol, Lorazepam, Magnesium, Naproxen, Oxycodone and Tizanidine. The patient is off work, as per progress report dated 04/13/15. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Tizanidine is first noted in progress report dated 10/27/14. In the report, the treater states that Tizanidine was prescribed for muscle relaxation to replace Carisoprodol. As per progress report dated 05/15/15, medications help reduce pain from 9/10 to 3/10. However, this detail is not specific to Tizanidine. None of the progress reports document efficacy in terms improvement in function, as required by MTUS page 60 for all pain medications. Additionally, in progress report dated 03/19/15, the treater states that "Tizanidine is not helping as much as before." Given the lack of efficacy, the request is not medically necessary.