

Case Number:	CM15-0149593		
Date Assigned:	08/12/2015	Date of Injury:	10/09/2012
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	08/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old female with an industrial injury dated 10-09-2012. The injury is documented as occurring while she was lifting a tub of grapes experiencing lower back pain radiating down her right lower extremity. Her diagnoses included right sided paramedian disc protrusion at lumbar 5- sacral 1 and disc desiccation at lumbar 5-sacral 1, right lower extremity radiculopathy, lumbago and lumbar 5-sacral 1 motor radiculopathy. Prior treatment included chiropractic treatment, physical therapy, diagnostics and medications. She presents on 06-16-2015 with complaints in the lumbar spine rated as 6 out of 10. She states the pain is becoming progressively worse over the course of the last five months. She continued to use Tizanidine and Naproxen. She did not feel as though the Naproxen was as effective as it once was in alleviating her pain and discomfort. Physical exam revealed a non-antalgic gait without the use of any assistive device. She was non-tender to palpation over the spinous process. There was some tenderness to palpation over the right and left sacroiliac joint spaces. The treatment plan included a new prescription for Ibuprofen, Tizanidine and Tramadol. Other treatment plans included chiropractic physiotherapy, labs and return to work with limitations. The treatment requests for review are: Tramadol 50 mg Qty 10; Tizanidine 4 mg Qty 30 with 2 refills; Ibuprofen 800 mg Qty 60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication long-term, since at least 8/2014. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. Furthermore, the request for 3 month supply does not allow for timely reassessment of efficacy. The request is not medically necessary.

Ibuprofen 800 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs (non steroidal anti inflammatory drugs).

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Ibuprofen is only recommended for short-

term symptomatic relief, as the request is for 3 month supply, this is not short term use, or would it allow for timely reassessment of medication efficacy. The request is not medically necessary.

Tramadol 50 mg Qty 10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol); Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried". (b) Is the patient likely to improve (c) Is there likelihood of abuse or an adverse outcome. Per the documentation submitted for review, the injured worker rated her pain 6/10 in severity on the subjective pain scale. The injured worker stated that her pain was primarily located in the lumbar spine over the right lateral region; however, she has noticed a progression of pain and discomfort over the left lateral region as well. She stated this had been becoming progressively worse over the course of the last five months. She stated that she continued to use Tizanidine and naproxen. She did not feel that the naproxen was as effective as it once was in alleviating her pain and discomfort. This is the first time tramadol is being prescribed. I respectfully disagree with the UR physician's assertion that the injured worker has not failed any first line medications for first-line treatment. Tramadol is indicated for the injured worker's moderate pain. The request is medically necessary.