

<b>Case Number:</b>	CM15-0167435		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/05/2000
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 68 year old male, who sustained an industrial injury on 1-5-00. He reported initial complaint was of his neck and back. The injured worker was diagnosed as having chronic pain; dyspepsia; IBS; mixed type; hypertension; chronic failed neck pain syndrome; headaches; insomnia-sleep apnea; anxiety-depression; tinnitus; xerostomia; hyperhomocysteinemia; posterior pituitary tumor-under investigation. Treatment to date has included status post cervical foraminotomies and decompression at C4-T2 (2000); status post C7-C8 and T1 foraminotomies with reconstruction of the trapezius muscle (4-1-02); nerve blocks; acupuncture; chiropractic therapy; physical therapy; Botox injections; acupuncture; home health care; trigger point injections; reclining chair; medications. Currently, the PR-2 notes dated 6-30-15 indicate the injured worker presents for a follow-up for internal medicine visit. He reports he is still seeing another provider for pain control. He reports "The pain just exhausts me." When neck pain increases, oftentimes there is a spread throughout the body associated with numbness and dizziness. Stomach pain and bouts of diarrhea and constipation continues but upper and lower GI tract medications remain quite beneficial. His water intake is reported as good and eats in a healthy fashion. He finds it difficult to control anxiety and depression. His blood pressure readings had remained "good" on current medications regimen. Pilocarpine still helps quite a bit with Xerostomia, he has no chest pain, dyspnea, cardiac palpitations or syncope. He reports it is hard to sleep because of the pain. The provider is requesting authorization of Fobic 2.5-25mg 1 tab BID as directed #60 and Tizanidine HCL 4mg 2 tabs every 6 hours PRN.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fobic 2.5-25mg 1 tab BID as directed #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, B vitamins & vitamin B complex.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation B vitamins & vitamin B complex. <http://www.odg-twc.com/index.html>.

**Decision rationale:** Folic is a combination of vitamins provides vitamin B-6, vitamin B-12 and folic acid. According to ODG guidelines, B vitamins & vitamin B complex "Not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency". There is no documentation that the patient developed vitamin B deficiency and the request for Fobic 2.5-25mg 1 tab BID as directed #60 is not medically necessary.

**Tizanidine HCL 4mg 2 tabs every 6 hours PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-55.

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

**Decision rationale:** According to MTUS guidelines, an non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient has been in chronic Tizanidine treatment. There is no continuous and objective documentation of the effect of the drug on patient's pain, spasm and function. There is no recent documentation for pain exacerbation or failure of first line treatment medication. Furthermore, there is no clear exacerbation of pain and spasm and the prolonged use of Tizanidine is not justified. Therefore, the request for Tizanidine Hcl 4mg is not medically necessary.