

<b>Case Number:</b>	CM15-0168950		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on May 9, 2001, when she was assaulted and dragged 150 feet, losing consciousness, sustaining multiple abrasions and soft tissue injuries. Currently, the injured worker reports continued total body pain, chronic fatigue, and problem sleeping. A review of the medical records indicates that the injured worker is undergoing treatment for myalgia and myositis, affective spectrum disorder with widespread pain, major depressive disorder, L4-L5 spondylolisthesis with stenosis, and lumbago. The Primary Treating Physician's report dated June 25, 2015, noted the injured worker continued to have widespread pain with her diabetes poorly controlled. The Treating Physician's progress report dated July 28, 2015, noted the injured worker with less tenderness to palpation, no new joint swelling, a normal neurologic examination, and no rheumatoid arthritis deformities. The injured worker's work status was noted to be temporarily totally disabled, and never expected to re-enter the labor market. Prior treatments have included MRI studies, a right knee arthroscopy, psychotherapy, a fibromyalgia program without benefit, epidural steroid injection (ESI) without decrease in low back pain developing moon facies from the steroids, shockwave therapy with some benefit, physical therapy, and continuation of the current medications of Lyrica, Tizanidine, and Omeprazole. The request for authorization dated July 29, 2015, requested pharmacy purchase of Tizanidine 2mg #60 with 3 refills and Omeprazole 20mg #60 with 2 refills. The Utilization review (UR) dated August 5, 2015, non-certified the request for pharmacy purchase of Tizanidine 2mg #60 with 3 refills and Omeprazole 20mg #60 with 2 refills as the medical necessity had not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, Tizanidine 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.

**Omeprazole 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant was on Omeprazole for 2 years. The claimant was known to have GERD and irritable bowel. Consultation from a GI specialist 2 yrs ago indicated need to use Omeprazole. There was no mention of years or indefinite use. Recent exam notes do not justify continued use. The request to use Omeprazole with 2 additional months is not medically necessary.