

<b>Case Number:</b>	CM15-0168983		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<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 63year old male who sustained an injury on 7-23-07. The medical records indicate the IW has chronic back pain from his injury with episodes of acute exacerbation of the chronic pain. Diagnoses included multilevel T5-T8 degenerative disc disease without spinal cord compression or spinal stenosis and chronic lumbar radiculopathy at L4-5 and L5-S1. He failed thoracic and lumbar epidurals and failed physical therapy and chiropractic treatments. Thoracic and lumbar trigger point injections on 4-4-14 provided minimal relief. Norco 10-325 was noted to have been prescribed since at least 9-29-14 along with Omeprazole 20 mg 1 twice a day; Tizanidine for sleep and spasms. The records indicate that he occasional has more pain and spasms with weather change and more activity. He uses front wheel walker for assistance. Thoracic spine MRI was performed on 2-25-12 and again on 2-5-14. 4-30-15 emergency room visit for a flare-up of his chronic back pain with more pain in his upper back than his lower back. The pain was constant ache, worse with range of motion, no alleviating factors. He took Norco prior to arrival but states that it did not help his pain. He usually takes 4-5 times a day. Urine drug screening was consistent with patient's daily Norco use. Morphine 4 mg intramuscularly was given with good response. He was advised to continue taking Norco as previously directed. Current requested treatments Norco 10-325 mg #100, 2 prescriptions given Tizanidine 2 mg #60 1 refill; Omeprazole 20 mg #60. The utilization review 8-14-15 medications were not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100, 2 RX given: 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): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for almost a year without mention of reduction in pain scores. Failure of Tylenol or weaning was not provided. In addition; the claimant had gastritis with its use. Continued use of Norco is not medically necessary.

**Tizanidine 2mg #60 with 1 refill: 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 alpha 2-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. In addition, 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 Tizanidine for several months for sleep and spasms. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Failure of behavioral interventions for sleep was not provided. Long-term use of muscle relaxants for pain is not recommended. Therefore, Tizanidine is not medically necessary.

**Omeprazole 20mg #60 with 1 refill: 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, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The Norco

was causing gastric events and continued use of Norco is no medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.