

<b>Case Number:</b>	CM15-0180419		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/13/2006
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: 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:

This 50 year old male sustained an industrial injury on 3-13-06. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar radiculopathy, herniated nucleus pulposus and annular disc tear. Recent treatment consisted of medication management. In Pr-2's dated 5-7-/15, 5-16-15, 6-4-15, 6-19-15, 7-6-15 and 7-14-15, the injured worker complained of pain, rated 7 to 9 out of 10 on the visual analog scale. In a Pr-2 dated 7- 23-15, the injured worker complained of low back pain rated 9 to 10 out of 10 on the visual analog scale with weakness in the left lower extremity and occasional foot drop. The injured worker reported being unable to do any activities of daily living due to pain. Physical exam was remarkable for lumbar spine with tenderness to palpation and spasms, range of motion: flexion 60 degrees, extension and right lateral bend 10 degrees, right rotation and left lateral bend 15 degrees and left rotation 25 degrees, positive left straight leg raise, Kemp's and facet loading tests, decreased sensation at the left L5 distribution and weakness in the left L4-5 distribution. The physician noted that magnetic resonance imaging lumbar spine (10-15-13) showed solid fusion at L4-5 and L5-S1, disc desiccation at L3-4 and disc protrusion with annular fissure at L4. The injured worker received an injection during the office visit. The treatment plan included continuing medications (Gabapentin, Ibuprofen, Tizanidine, Omeprazole and Misoprostol) and requesting a back brace. On 8-27-15, Utilization Review noncertified a request for Tizanidine 4mg #60 and Misoprostol 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60: 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:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Tizanidine, as a treatment modality. These MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. 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 records indicate that the patient is using Tizanidine as a long-term treatment strategy for symptoms. As noted in the above cited MTUS guidelines, muscle relaxants are used for short-term treatment of acute exacerbations. There is insufficient documentation to justify the efficacy of Tizandine as an effective long-term treatment for this patient. For this reason, Tizanidine is not medically necessary.

**Misoprostol 100mcg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain Section: Arthrotec (diclofenac/ misoprostol).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines, comment on the use of medications for the management of GI side effects while taking a NSAID. These guidelines state that clinicians should weight the indications for NSAIDs against the GI risk factors. The clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations: Patients with no risk factor: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events: A Cox-2 selective agent plus a PPI if absolutely

necessary. The Official Disability Guidelines also comment on the comparison of a PPI with misoprostol. These guidelines state that in the treatment of NSAIDs induced ulcers, omeprazole has proved to be at least as effective as misoprostol, but significantly better tolerated, and therefore misoprostol should not be considered a first choice treatment. In this case, the patient is on an NSAID and has been certified to use a PPI. There is no documentation that the PPI is ineffective or that the patient has any of the above cited GI risk factors. Therefore, there is no justification in adding misoprostol to the PPI regimen. For this reason, misoprostol is not medically necessary.