

<b>Case Number:</b>	CM15-0185183		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 58-year-old female who sustained an industrial injury on 4-11-13. The injured worker reported right knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic right hip pain. Provider documentation dated 8-24-15 noted the work status as temporary totally disabled. Treatment has included Naproxen since at least March of 2015, Norflex, status post right knee arthroscopy (November 2013), injection therapy, radiographic studies of right knee and right hip (3-9-15), and right hip magnetic resonance imaging (9-29-14). Objective findings dated 8-24-15 were notable for right hip with pain upon internal rotation. The original utilization review (9-8-15) denied a request for Naproxen 550 milligrams quantity of 60 and Tizanidine 4 milligrams quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg Qty: 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): Anti-inflammatory medications.

**Decision rationale:** The 58 year old patient complains of back pain radiating to hip, leg and knee, and right knee pain, as per progress report dated 08/24/15. The request is for Naproxen 550mg Qty: 60. There is no RFA for this case, and the patient's date of injury is 04/11/13. Diagnoses, as per progress report dated 08/24/15, included chronic right hip pain due to labral tear with labral cyst, and aggravation of pre-existing depression. The patient is status post right knee arthroscopy in November, 2013. Medications included Naproxen and Norflex. Diagnoses, as per progress report dated 05/11/15, included pain in hip joint and pain in lower leg joint. Diagnoses, as per progress report dated 02/10/15, included lumbar/lumbosacral degenerative disc disease, lumbago, hip/thigh sprain/strain, and thoracic/lumbosacral neuritis. The patient is temporarily totally disabled, as per progress report dated 08/24/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 02/10/15. While it evident that the patient has been taking the medication consistently since then, it is not clear when NSAIDs were initiated. The treater does not document the efficacy of Naproxen in terms of reduction in pain and improvement in function. There is no indication that Naproxen reduces pain and helps the patient perform activities of daily living with greater ease. Given the lack of documentation regarding efficacy, the request is not medically necessary.

**Tizanidine 4mg Qty: 60: Overturned**

**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 58 year old patient complains of back pain radiating to hip, leg and knee, and right knee pain, as per progress report dated 08/24/15. The request is for Tizanidine 4mg Qty: 60. There is no RFA for this case, and the patient's date of injury is 04/11/13. Diagnoses, as per progress report dated 08/24/15, included chronic right hip pain due to labral tear with labral cyst, and aggravation of pre-existing depression. The patient is status post right knee arthroscopy in November, 2013. Medications included Naproxen and Norflex. Diagnoses, as per progress report dated 05/11/15, included pain in hip joint and pain in lower leg joint. Diagnoses, as per progress report dated 02/10/15, included lumbar/lumbosacral degenerative disc disease, lumbago, hip/thigh sprain/strain, and thoracic/lumbosacral neuritis. The patient is temporarily totally disabled, as per progress report dated 08/24/15. MTUS Chronic Pain Guidelines pg. 66 under Anti-spasticity / Anti-spasmodic Drugs states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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 syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" In this case, a prescription for Tizanidine is only noted in progress report dated 08/24/15.

This appears to be the first prescription for the medication. Prior reports document the use of Norflex. The treater, however, does not discuss its efficacy. In the 08/24/15 report, the treater states that the patient ran out of Norflex and hence, Zanaflex was prescribed. MTUS guidelines support the use of Zanaflex medication for chronic pain for extended period of time. Hence, the request for # 60 appears reasonable, and is medically necessary.