

<b>Case Number:</b>	CM15-0202025		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, District of Columbia,  
Maryland Certification(s)/Specialty: Anesthesiology, Pain  
Management

### 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 26 year old male, who sustained an industrial injury on 05-20-2014. The injured worker is currently permanent and stationary and able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for pain in thoracic spine, dorsalgia, and muscle spasm of back. Treatment and diagnostics to date has included thoracic spine MRI, chiropractic treatment, and medications. Recent medications have included Ibuprofen (since at least 03-31-2015), Ultram, and Tizanidine (since at least 03-31-2015). Subjective data (07-28-2015 and 09-01-2015), included mid and low back pain rated 7-8 out of 10 with medications and 9 out of 10 without medications and stated that his "medications are not effective". Objective findings (09-01-2015) included spasm and tenderness noted to bilateral thoracic and lumbar paravertebral muscles. The request for authorization dated 07-30-2015 requested Ultram, Ibuprofen, and Tizanidine. The Utilization Review with a decision date of 09-12-2015 non-certified the request for Ibuprofen 600mg #60 with 1 refill and Tizanidine HCL 4mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 5/2014. As it is only recommended for short-term symptomatic relief, the request is not medically necessary. Furthermore, the request for two month supply is not medically necessary or appropriate.

**Tizanidine HCL 4mg #60 with 1 refill:** Upheld

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

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

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 12/2014. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. Furthermore, the requested two month supply is not medically necessary or appropriate.