

<b>Case Number:</b>	CM15-0208558		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 56 year old male, who sustained an industrial injury on 08-30-2010. He has reported injury to the low back. The diagnoses have included postlaminectomy syndrome of lumbar region; major depressive disorder; anxiety disorder; and chronic pain syndrome. Treatment to date has included medications, diagnostics, activity modification, and surgical intervention. Medications have included Nucynta, Wellbutrin SR, Tizanidine, Diazepam, Terocin Patch, and Trazodone. A progress report from the treating provider, dated 10-12-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; the pain is characterized as "aching, throbbing, toothache-like, and severe"; the condition is associated with back pain, muscle spasms, numbness, pins and needles, and tingling; quality of sleep is poor; and he states that medications are helping. Objective findings included he has a right-sided heel strike, mid-strike, antalgic gait; tenderness is noted on both sides of the lumbar paravertebral muscles; spinous process tenderness is noted on L3, L4, and L5; tenderness is noted over the sacroiliac spine; and light touch sensation is decreased over the medial calf, lateral calf on the right side. The treatment plan has included the retrospective request for Tizanidine HCl 4 mg, quantity 120, frequency and refills not specified; and retrospective request for Wellbutrin SR 150 mg, quantity 30, frequency and refills not specified. The original utilization review, dated 10-22-2015, non-certified the retrospective request for Tizanidine HCl 4 mg, quantity 120, frequency and refills not specified; and retrospective request for Wellbutrin SR 150 mg, quantity 30, frequency and refills not specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tizanidine HCL 4 mg, QTY 120 Frequency and refills not specified:** 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 patient presents with lower back pain. The request is for retrospective request for Tizanidine HCL 4 mg, qty 120 frequency and refills not specified. The request for authorization form is dated 10/12/15. Patient's diagnoses includes postlaminectomy syndrome of lumbar region; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; mood disorder in conditions classified elsewhere; anxiety disorder in conditions classified elsewhere. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness is noted on both sides. Spinous process tenderness is noted on L3, L4 and L5. Tenderness is noted over the sacroiliac spine. On sensory examination, light touch sensation is decreased over medial calf, lateral calf on the right side. Patient's medications include Nucynta, Diazepam, Terocin Patch, Wellbutrin, Glimepiride, and Trazodone. Per progress report dated 10/12/15, if work restrictions cannot be accommodated, the patient is TTD. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "antispasticity/antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub>-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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Tizanidine as it is first mentioned in progress report dated 10/12/15. In this case, the patient continues with low back pain. Since this is the initial prescription, the treater has not had the opportunity to discuss or document the medications efficacy for the patient. Therefore, the request WAS medically necessary.

**Retrospective request for Wellbutrin SR 150 mg, QTY 30 Frequency and refills not specified:** 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): Antidepressants for chronic pain.

**Decision rationale:** The patient presents with lower back pain. The request is for retrospective request for Wellbutrin sr 150 mg, qty 30 frequency and refills not specified. The request for authorization form is dated 10/12/15. Patient's diagnoses includes postlaminectomy syndrome of lumbar region; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; mood disorder in conditions classified elsewhere; anxiety disorder in conditions classified elsewhere. Physical examination of the lumbar spine reveals on palpation, paravertebral muscles, tenderness is noted on both sides. Spinous process tenderness is noted on L3, L4 and L5. Tenderness is noted over the sacroiliac spine. On sensory examination, light touch sensation is decreased over medial calf, lateral calf on the right side. Patient's medications include Nucynta, Diazepam, Terocin Patch, Wellbutrin, Glimepiride, and Trazodone. Per progress report dated 10/12/15, if work restrictions cannot be accommodated, the patient is TTD. MTUS guidelines under: specific antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines, pages 13-15, Antidepressants for Chronic Pain section states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patient with non-neuropathic chronic low back pain." Treater has not specifically discussed this medication. Review of provided medical records show the patient was prescribed Wellbutrin on 05/18/15. The patient continues with low back pain and is diagnosed with anxiety disorder. Wellbutrin is supported by MTUS supports Wellbutrin for patients with neuropathic pain. However, the treater does not discuss or document the efficacy of this medication, in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the request WAS NOT medically necessary.