

<b>Case Number:</b>	CM15-0210060		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 67 year old male, who sustained an industrial injury on 11-15-2006. Medical records indicate the worker is undergoing treatment for lumbar disc disorder, lumbar radiculopathy, chronic pain syndrome and lateral epicondylitis. A recent progress report dated 10-12-2015, reported the injured worker complained of arm and leg pain, improved by acupuncture and back spasms. Physical examination revealed a slow antalgic gait and slumped posture. Treatment to date has included acupuncture, physical therapy and medication management. On 10-12-2015, the Request for Authorization requested Tizanidine HCL 4mg #60 with 2 refills and Flector patch 1.3% #30 with 2 refills. On 10-20-2015, the Utilization Review noncertified the request for Tizanidine HCL 4mg #60 with 2 refills and Flector patch 1.3% #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg capsules #60 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and 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:** The patient presents with leg, hand, head, back, and neck pain. The request is for Tizanidine HCL 4mg capsules #60 with two refills. The request for authorization form is dated 10/12/15. Patient's diagnoses include lateral epicondylitis; disc disorder lumbar; lumbar radiculopathy; chronic pain syndrome; encounter for long-term use of other medications. Physical examination of the lumbar spine reveals range of motion is restricted with flexion limited to 45 degrees due to pain and is restricted with extension limited to 5 degrees due to pain. Straight leg raising test is positive on the right side in sitting at 80 degrees. Exam of right hip reveals range of motion is restricted with internal rotation limited to 15 degrees due to pain and external rotation limited to 15 degrees due to pain. Patient has been going to acupuncture which has helped keep his pain lower than normal, it has been helping arm and leg pain decrease by 20-30%. Medication keep his (though still hard to fall asleep, it is worse without medications). Patient's medications included Omeprazole, Tizanidine, Lyrica, Flector Patch, Celexa, Acarbose, Enalapril, Glipizide, Isosorbide, Metoprolol, and Oxybutynin. Per progress report dated 10/12/15, the patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 10/12/15, treater's reason for the request is "for back spasms." Review of provided medical records show the patient was prescribed Tizanidine on 02/09/15. In this case, the patient continues with back pain for which Zanaflex is indicated per MTUS. Per same progress report, treater states, "they keep his pain manageable, able to do light work around the house, get dressed, sleep." The treater has discussed and documented efficacy of Tizanidine, the request appears reasonable. Therefore, the request IS medically necessary.

**Flector 1.3% patch #30 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with leg, hand, head, back, and neck pain. The request is for Flector 1.3% patch #30 with two refills. The request for authorization form is dated 10/12/15. Patient's diagnoses include lateral epicondylitis; disc disorder lumbar; lumbar radiculopathy; chronic pain syndrome; encounter for long-term use of other medications. Physical examination of the lumbar spine reveals range of motion is restricted with flexion limited to 45 degrees due to pain and is restricted with extension limited to 5 degrees due to

pain. Straight leg raising test is positive on the right side in sitting at 80 degrees. Exam of right hip reveals range of motion is restricted with internal rotation limited to 15 degrees due to pain and external rotation limited to 15 degrees due to pain. Patient has been going to acupuncture which has helped keep his pain lower than normal, it has been helping arm and leg pain decrease by 20- 30%. Medication keep his (though still hard to fall asleep, it is worse without medications). Patient's medications included Omeprazole, Tizanidine, Lyrica, Flector Patch, Celexa, Acarbose, Enalapril, Glipizide, Isosorbide, Metoprolol, and Oxybutynin. Per progress report dated 10/12/15, the patient is not working. MTUS, Topical Analgesics Section, pg 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per progress report dated 10/12/15, treater's reason for the request is "for topical anti-inflammatory." Review of provided medical records show the patient was prescribed Flector Patch on 02/09/15. However, treater does not discuss or document the patient with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. Additionally, guidelines support the use of Flector Patch for only short term use (4-12 weeks), but provided medical records show the patient has been on this medication for over 8 months. In this case, the request for Flector Patch #30 with Two Refills would exceed what is recommended by MTUS and does not meet guidelines indication. Therefore, the request IS NOT medically necessary.