

<b>Case Number:</b>	CM15-0213320		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/25/2015
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Arizona, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 3-25-15. The injured worker was being treated for cervical spine MLI, lumbar spine HNP and thoracic spine MLI. On 8-12-15 and 9-9-15, the injured worker complains of continued low back pain rated 8 out of 10 with radiation to legs bilaterally and minimally relieved by medications, mid back and neck pain rated 7-8 out of 10. Work status is noted to be modified duties. Physical exam performed on 8-12-15 and 9-9-15 revealed decreased range of motion in lumbar spine with muscle spasm, facet tenderness of L4-5 and L5-S1, muscle spasm throughout back and thoracolumbar area intraspinal muscles, wearing a back brace and somewhat improved neck range of motion with muscle spasm bilaterally. MRI of lumbar spine performed on 8-23-15 revealed L3-5, L4-5 and L5-S1 bilateral facet hypertrophy with mild bilateral foraminal narrowing at L5-S1 and severe spinal stenosis and bilateral foraminal narrowing at L4-5. Urine toxicology report performed on 9-9-15 was inconsistent for medications prescribed. Treatment to date has included oral medications including Tizanidine 4 mg (at least since 7-15-15), Naproxen, Tramadol 50mg (at least since 7-15-15 and Gabapentin, physical therapy, chiropractic treatment and activity modifications. The treatment plan included re-ordering of physical therapy, request for bilateral facet epidural injection at L4-5 and L5-S1 and continuation of Tizanidine 4mg, Naproxen 550mg, Tramadol 50mg and Gabapentin 300mg. On 10-1-15 request for bilateral facet epidural injection at L4-5 and L5-S1 and continuation of Tizanidine 4mg and Tramadol 50mg was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Facet Epidural injections, (lumbar) L4-L5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the guidelines, ESI's are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the EMG/NCV did not show evidence of radiculopathy. In addition, the ACOEM guidelines do not recommend ESI due to their short term benefit. As a result, the request for ESI is not medically necessary.

### **Tramadol 50 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain reduction was not noted. Urine screen was inconsistent with medications provided. Failure of Tylenol was not noted. Continued use is not medically necessary.

### **Tizanidine 4 mg: 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:** According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category

of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 claimant had been on muscle relaxants (Cyclobenzaprine) in combination with NSAIDS the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.