

Case Number:	CM15-0224943		
Date Assigned:	11/23/2015	Date of Injury:	03/15/2013
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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 38 year old female, who sustained an industrial injury on 3-15-2013. She reported head, neck, knee, hip and back pain. The injured worker was diagnosed as having thoracic spine pain, displacement of lumbar intervertebral disc without myelopathy, lumbosacral radiculopathy, knee pain and psycho physiological disorder. Treatment to date has included diagnostic testing, medications, physical therapy, brace, and injections. She had L5-S1 TL ESI on 12-19-2014. The progress noted dated 4-28-2015, the IW complains of "bilateral low back pain, radiating to both lower extremities. She rates the pain a 7-8 out of 10 with 10 being the worst. She has bilateral lower extremity weakness and numbness and tingling. Aggravating factors are any activities, bending, carrying, changing body position, lifting and standing. She states that her symptoms have increased over the last 6 month. Medication and rest alleviate the pain. She requires moderate assistance from other for dressing and is dependent on others for driving. On exam; stiffness and spasms of low back noted. Tenderness noted over midline of lumbar spine and positive straight leg rises. Range of motion of the lumbar spine was unable to be tested secondary to severe pain." Medications include Cyclobenzaprine, Gabapentin, Hydrocodone, Naprosyn, Pantoprazole, Tizanidine and Tramadol. Per the progress noted dated 10-9-2015, the exam revealed an "antalgic gait favoring the right side with a forward flexed body posture. She rates the pain a 7-8 out of 10 with 10 being the worst. She was tender to palpation was noted over midline of lumbar spine. Her range of motion was not tested secondary to severe pain. She had a fair amount of physical therapy yet remains symptomatic. Recent CBT treatment was beneficial." Medications have remained the same as 4-28-2015. The UR decision, dated 10-16-2015, approved Tramadol 50mg, tablet two times per day as needed for pain, quantity 60 with no refills, Gabapentin 100mg, 1 capsule four times daily by mouth for neuropathic pain, quantity 120 with 2

refills, and Cymbalta 30mg by mouth 1 a day for 1 week then may increase to 2 capsules every day, quantity 60 with no refills. They denied Tizanidine 4mg, 1 capsule by mouth at bedtime as needed, quantity 30 with no refills, Pantoprazole 40mg, 1 tablet twice daily by mouth for GI protection, quantity 60 with no refills. The request for authorization, dated 10-27-2015 is for Tramadol 50mg, tablet two times per day as needed for pain, quantity 60 with no refills, Gabapentin 100mg, 1 capsule four times daily by mouth for neuropathic pain, quantity 120 with 2 refills, and Cymbalta 30mg by mouth 1 a day for 1 week then may increase to 2 capsules every day, quantity 60 with no refills, Tizanidine 4mg, 1 capsule by mouth at bedtime as needed, quantity 30 with no refills and Pantoprazole 40mg, 1 tablet twice daily by mouth for GI protection, quantity 60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 capsule by mouth at bedtime as needed #30 no refills: 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. In addition, 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 the prior months. Continued and chronic use of muscle relaxants / antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

Pantoprazole 40mg 1 tab twice daily by mouth for GI protection #60 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Pantoprazole

for GI protection from NSAID use. Long-term use is not supported by the guidelines. Therefore, the continued use of Pantoprazole is not medically necessary.