

<b>Case Number:</b>	CM15-0039358		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Pain Management, Occupational Medicine

### 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 patient is a 42 year old female employed as a Licensed Vocational Nurse (LVN) with symptoms in her lower back attributed to a single lifting incident on August 11th, 2013. The working diagnoses include chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy and lumbar spinal stenosis. Acupuncture, lifting an industrial injury on 08/11/2013, He reported developing severe pain in the low back and felt a twisting sensation. The injured worker is now diagnosed as having chronic pain, lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, and lumbar spinal stenosis. Treatment to date has included acupuncture, lumbar injections, instruction in a home exercise program and medications. The patient reportedly has symptomatic benefit from the medication regimen. She is considered totally disabled by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS 2009 recommends that NSAIDs be used for the shortest duration and lowest dose possible. It cites concerns for side effects including elevated blood pressure, heart damage, kidney and liver damage with extended use. For exacerbations of chronic low back pain, it also recommends episodic treatment of short duration and low dose. The current prescription for Naproxen 550 mg exceeds the lowest dose which is 250 mg. The patient is diabetic and hypertensive which predisposes to end organ damage as well which is an additional consideration with the side effects discussed in MTUS 2009. Although there is reported symptomatic benefit from the medication regimen, the patient continues to be considered totally disabled due to pain. The ongoing use of Naproxen 550 mg does not adhere to evidence based guidelines and the medical records do not explain why evidence based guidelines should not apply in the care of this patient.

**Omeprazole DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** MTUS 2009 recommends that proton pump inhibitors (PPI) such as Omeprazole be used along with non-steroidal anti-inflammatory drugs (NSAIDs) for individuals with an intermediate risk of gastrointestinal events (such as a history of peptic ulcers or gastrointestinal bleeds) or over age 65. It also notes that long term use of proton pump inhibitors increases the risk of hip fractures. The patient does not meet any of the criteria for concomitant PPI and NSAIDs. PPIs are indicated to treat gastroesophageal reflux disease (GERD) but this diagnosis is not listed in the medical records. There is no explanation provided as to why omeprazole should be provided in the absence of a clinical indication or why the criteria for PPI use provided in MTUS 2009 are not applicable in this case.

**Tizandine 2mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** MTUS 2009 states that Tizanidine is a centrally acting alpha 2 adrenergic agonist that is FDA approved to treat muscle spasticity. Muscle spasticity is different from muscle spasm. Muscle spasticity is due to damage to nerve cells in the spinal cord or brain and is

an involuntary muscle contraction. However, MTUS 2009 reports some studies have shown some benefit from Tizanidine for individuals with chronic low back pain. The patient has had a trial of Tizanidine in the past which adheres to MTUS 2009. However, the patient continues to have significant functional limitations due to pain and continues to have other interventional procedures suggested due to her pain which is inconsistent with the reported benefit from the medication regimen. This request for ongoing use of Tizanidine is denied due to lack of demonstrated benefit to the patient.