

<b>Case Number:</b>	CM15-0081322		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/11/1995
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Florida

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 55 year old female, who sustained an industrial injury on 6/11/1995. Diagnoses include cervical facet arthropathy, cervical degenerative disc disease, lumbar degenerative disc disease, cervicalgia, brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, other acute reactions to stress, unspecified idiopathic peripheral neuropathy, pain in joint involving other specified sites and status post Spinal cord stimulator (SCS) implant. Treatment to date has included diagnostics, surgical intervention, injections and a spinal cord stimulator. Per the Primary Treating Physician's Progress Report dated 3/05/2015 the injured worker reported chronic severe neck/back pain related to her history of post lumbar and cervical fusion. Physical examination of the cervical spine revealed tenderness over the cervical paraspinals with restricted range of motion. There was thoracic spine tenderness from T1-T4. In addition, tenderness to the lumbar paraspinals with decreased range of motion and spasm. The plan of care included medications and authorization was requested for Tizanidine and Phenadoz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Tizanidine is not medically necessary.

**Phenadoz 25 mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014 Web edition. Antiemetics.

**Decision rationale:** The California MTUS guidelines do not address the usage of Phenergan. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that antiemetics are FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions at this point. Originally, this medication was prescribed postoperatively, however this patient is now months out from surgery. Likewise, this request for Phenergan is not medically necessary.