

<b>Case Number:</b>	CM15-0088441		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Texas, 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 59-year-old male, who sustained an industrial injury on 3/22/04. He reported injuries to neck, back, left hip and left leg. The injured worker was diagnosed as having chronic low back pain with lumbar radiculopathy, annular tear at L2-3 and L3-4 and left side disc protrusion at L3-4, L4-5 and L5-S1, lumbar facet arthropathy and radiculopathy. Treatment to date has included lumbar epidural steroid injections, oral medications including Gabapentin, Tizanidine, topical creams, physical therapy and carpal tunnel surgery. Currently on 4/16/15, the injured worker complains of continued low back pain and right leg pain. The injured worker is not working currently. The injured worker states the epidural he received 11/14 helped him dramatically for 4-5 weeks, the most recent epidural on 3/18/15 only minimally helped. Physical exam noted left leg is much improved and right continues to show dermatomal changes at L4-5 level and restricted range of motion and positive SLR. The treatment plan included refilling Percocet, Gabapentin, Tizanidine, Paxil and Fioricet and a repeat urine toxicology report. The medication list include Gabapentin, Tizanidine, Percocet and Firocet. The patient has had urine drug screen test that was consistent. The patient has had MRI of the low that revealed disc bulge.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents (BCAs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** Request: Fioricet. Fioricet contains a combination of acetaminophen, butalbital, and caffeine. Butalbital is a barbiturate with an intermediate duration of action. Butalbital is often combined with other medications, such as acetaminophen (paracetamol) or aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "Barbiturate-containing analgesic agents (BCAs) not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)" The Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. Patient is already on other medications for pain including Percocet. The response to these medications is not specified in the records provided. The rationale for adding fioricet is not specified in the records provided. The medical necessity of the request for Fioricet is not fully established in this patient. Therefore, the request is not medically necessary.

**Gabapentin 300mg #90 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Gabapentin 300mg #90 with one refill. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Spinal cord injury: Recommended as a trial for chronic neuropathic pain. "Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The injured worker was diagnosed as having chronic low back pain with lumbar radiculopathy, annular tear at L2-3 and L3-4 and left side disc protrusion at L3-4, L4-5 and L5-S1, lumbar facet arthropathy and radiculopathy. Treatment to date has included lumbar epidural steroid injections, oral medications including Gabapentin, Tizanidine, topical creams, physical therapy and carpal tunnel surgery. Currently on 4/16/15, the injured worker complains of continued low back pain and right leg pain. Physical exam noted left leg is much improved and right continues to show dermatomal changes at L4-5 level and restricted range of motion and positive SLR. The patient has had MRI of the low back that revealed a disc bulge. The patient has chronic pain with a

neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 300mg #90 with one refill in patients with this clinical situation therefore the request is deemed medically necessary.

**Tizanidine 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** Tizanidine 4mg #30. According to MTUS guidelines "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. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study 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. May also provide benefit as an adjunct treatment for fibromyalgia." The diagnoses include chronic pain syndrome, lumbar postlaminectomy syndrome, and chronic lumbar radiculitis. The progress report dated 06/05/2014 indicates that the injured worker complained of low back pain with radiation down the left leg and foot, and down the right leg to the knee. The objective findings include muscle spasm, numbness and tingling, limited movement, less spasms in the lower lumbar paraspinal muscles, discomfort with range of motion, and decreased sensation to touch in the left calf into the foot. The injured worker was diagnosed as having chronic low back pain with lumbar radiculopathy, annular tear at L2-3 and L3-4 and left side disc protrusion at L3-4, L4-5 and L5-S1, lumbar facet arthropathy and radiculopathy. Treatment to date has included lumbar epidural steroid injections, oral medications including Gabapentin, Tizanidine, topical creams, physical therapy and carpal tunnel surgery. Recently on 4/16/15, the injured worker complains of continued low back pain and right leg pain. Physical exam noted left leg is much improved and right continues to show dermatomal changes at L4-5 level and restricted range of motion and positive SLR. There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/ zanaflex tablets requested (30) is small. The prescription of small quantity of a non-sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Tizanidine 4mg #30 is medically appropriate and necessary in this patient at this time.