

Case Number:	CM14-0116425		
Date Assigned:	08/04/2014	Date of Injury:	08/31/2008
Decision Date:	09/26/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 45-year-old male with a 8/31/08 date of injury. At the time (7/14/14) of request for authorization for Tizanidine 4mg #60 with 3 refills, Duexis #60 with 3 refills, and Flexeril 10mg #60 with 3 refills, there is documentation of subjective (7/10 pain, reports flexeril helps with muscle tightness allowing him to get out of bed, go to appoints, and his son's soccer game, tizanidine helps with muscle spasm at night, and duexis helps with low back stiffness) and objective (no pertinent findings) findings, current diagnoses (myofascial pain syndrome, facet syndrome, back pain, and cervicgia), and treatment to date (medications (including ongoing treatment with Tizanidine, Duexis, and Flexeril since at least 1/27/14)).Regarding Tizanidine 4mg #60 with 3 refills, there is no documentation of spasticity or acute exacerbations of chronic low back pain, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Regarding Duexis #60 with 3 refills, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duexis use to date. Regarding Flexeril 10mg #60 with 3 refills, there is no (clear) documentation of acute muscle spasm and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 3 refills: 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 Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, facet syndrome, back pain, and cervicalgia. In addition, there is documentation of chronic low back pain. However, there is no documentation of spasticity or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Tizanidine since at least 1/27/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that Tizanidine helps with muscle spasm at night, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg #60 with 3 refills is not medically necessary.

Duexis #60 with 3 refills: 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 NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: An online search identifies Duexis as a combination of the NSAID ibuprofen and the histamine H2-receptor antagonist Famotidine that is indicated for the relief of signs and symptoms of rheumatoid arthritis or osteoarthritis. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic

ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of proton pump inhibitors. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, facet syndrome, back pain, and cervicalgia. In addition, there is documentation of chronic pain. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. In addition, despite documentation that Duexis helps with low back stiffness, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duexis use to date. Therefore, based on guidelines and a review of the evidence, the request for Duexis #60 with 3 refills is not medically necessary.

Flexeril 10mg #60 with 3 refills: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, facet syndrome, back pain, and cervicalgia. In addition, there is documentation of muscle spasm. Furthermore, given documentation that Flexeril helps with muscle tightness allowing him to get out of bed, go to appoints, and his son's soccer game, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Flexeril use to date. However, given documentation of an 8/31/08 date of injury, there is no (clear) documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 1/27/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 with 3 refills is not medically necessary.