

Case Number:	CM14-0128371		
Date Assigned:	08/15/2014	Date of Injury:	05/02/2007
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 42 year old patient had a date of injury on 5/2/2007. The mechanism of injury was lifting a heavy object. In a progress noted dated 6/26/2014, subjective findings included increased lower back pain, left leg pain. He experiences locking up of low back muscles. The last episode lasted 3 weeks, and he reports difficulty with walking, showering, and sleep cycle interrupted 1-2 hour periods of sleep. On a physical exam dated 6/26/2014, objective findings included no acute distress, alert and oriented. The mental status is recent and remote memory is intact. Diagnostic impression shows lumbar facet pain, lumbar degenerative disc disease, and low back pain with intermittent radicular symptoms. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/11/2014 denied the request for Tizanidine 4mg #120, stating the documentation does not support the efficacy of this medication as patient continues to report pain, tightness and locking up of the back. Soma 350mg #60 was denied, stating lack of documentation to support effectiveness, and there was no evidence there was a break experienced in the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Tizanidine 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Zanaflex, generic available) Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a "centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain." In addition, MTUS also states that muscle relaxants may be "effective in reducing pain and muscle tension, and increasing mobility." However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also 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 the reports viewed, the patient has been on Tizanidine since at least 5/29/2014, with no documented functional improvement. In fact, the patient reports increased back in on the 6/26/2014 progress report, with increased frequency of tightness of low back muscles. Therefore, the request for Tizanidine 4mg #120 is not medically necessary.

60 tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA: Soma.

Decision rationale: CA MTUS states that Soma is not "indicated for long-term use." Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In this case, the patient has been taking Soma since at least 5/29/2014, and in the 6/26/2014 progress report, the patient reports increased tightness in the lower back, with no documented functional improvement noted from this medication. Therefore, the request for Soma 350mg #60 is not medically necessary.