

<b>Case Number:</b>	CM14-0131932		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine, and is licensed to practice in North Carolina. 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:

The patient is a 66 year old with a reported date of injury of 08/12/2003. The patient has the diagnoses of cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy and coccyx fracture. Prior treatment modalities have included epidural injections. Per the progress notes provided by the primary treating physician dated 07/22/2014, the patient had complaints of neck pain with radiation to the bilateral upper extremities, low back pain with radiation to the bilateral lower extremities with numbness and muscle spasm and occipital headaches. The physical exam noted spasm in the lumbar paraspinals muscles with restricted range of motion. Treatment recommendations included continuation of currently prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 2mg qhs #30:** 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 muscle relaxants Page(s): 63-66.

**Decision rationale:** 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 (Malanga, 2008). Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) The long-term chronic use of this medication is not recommended per the treatment guidelines. In addition the prescribed medication is being used for an off-label, non-FDA approved indication. For these reasons the requested medication does not meet guideline recommendations and therefore is not medically necessary.

**Fiorinal 50-325-40mg one (q) q 8 hrs #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fiorinal.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines barbiturate containing analgesic agents Page(s): 23.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address this medication. The FDA monogram on the medications states that it is a combination of Aspirin, Caffeine and Bupropion. Bupropion is a barbiturate. The California chronic pain medical treatment guidelines section on barbiturate containing analgesic agents' states: 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 above combination medication falls in the class of barbiturate containing analgesic agents, which are not recommended in the use of chronic pain or for long-term headaches treatment due to the risk of rebound headaches. For these reasons recommended guidelines have not been met and thus the medication is not medically necessary.