

<b>Case Number:</b>	CM14-0211541		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 63-year-old female with a 6/14/01 date of injury. She injury occurred when she slipped and fell while carrying a cardboard box. According to a progress report dated 11/8/14, the patient continued to have pain in the low back that varied with days, which got worse with activity. She rated her pain at a 2-3/10 with medications, was able to stand for 10 minutes, walk 100 feet with the use of a cane, left less than 10 pounds, and perform simple activities of daily living. She had pain throughout the body, which was rated at a 6/10 with medications. She has found NSAIDS to be helpful and was in need of medications for control of spasms. The provider has recommended that the patient begin Mobic and Zanaflex and provided the patient with samples of Amrix, Zipsor, and Aleve. Her previous medication regimen consisted of Flexeril, Flector patch, Arthrotec, and Ultram. Objective findings: 3/5 strength of all extremities and limited range of motion due to pain, equal intact sensation to light touch bilaterally, limited range of motion of back in all directions with tenderness to palpation in spinous processes. Diagnostic impression: lumbago, pain in thoracic spine, pain in lower leg. Treatment to date: medication management, activity modification, physical therapy, aqua therapy, ankle brace. A UR decision dated 11/14/14 approved the request for Mobic and denied the requests for Zanaflex, Amrix, and Zipsor. A specific rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic (Meloxicam) 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDs.

**Decision rationale:** California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the present case, it is noted that NSAIDs have been helpful. However, the UR decision dated 11/14/14 certified this request for Mobic. It is unclear why a duplicate request is being made at this time. Therefore, the request for Mobic (Meloxicam) 15mg #30 was not medically necessary.

**Zanaflex (Tizanidine) 2mg TID for spasms control #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California 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. However, according to the records provided for review, this patient has been using muscle relaxants chronically. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, it is noted that this patient is also taking cyclobenzaprine. Guidelines do not support the concurrent use of multiple muscle relaxants. Therefore, the request for Zanaflex (Tizanidine) 2mg TID for spasms control #90 was not medically necessary.

**Amrix (Cyclobenzaprine Extended-Release): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain chapter

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

**Decision rationale:** According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been using muscle relaxants chronically. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, it is noted that this patient is also taking tizanidine. Guidelines do not support the concurrent use of multiple muscle relaxants. Therefore, the request for Amrix (Cyclobenzaprine Extended-Release) was not medically necessary.

**Zipsor (Diclofenac):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Diclofenac.

**Decision rationale:** California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line NSAID. In addition, it is noted that this patient is also taking the NSAID, Mobic. A specific rationale identifying why the patient requires multiple NSAIDs or diclofenac despite lack of guideline support was not provided. Therefore, the request for Zipsor (Diclofenac) was not medically necessary.