

Case Number:	CM14-0214971		
Date Assigned:	01/07/2015	Date of Injury:	12/17/2009
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: Physical Medicine & Rehabilitation

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 42 year-old male with a 12/17/09 date of injury. Medical records from 4/2/14 to 11/13/14 have been provided for this review. According to the 11/13/14 pain management report, the patient presents with low back pain with numbness that radiates down both legs to the feet. The pain is 8/10 without medications and 6/10 with medications. The diagnoses include lumbar radiculopathy; left shoulder pain status post left shoulder surgery x2. On 11/24/14 utilization review denied ibuprofen 800mg, stating that MTUS does not recommend dosing over 400mg; and denied tizanidine because the reviewer did not know how long the patient has been taking the medication and states it is not for long-term use. The reviewer states that ODG elaborates on this stating it is less than 2-weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: The records show the patient has been using tizanidine since 4/2/14. There has been improvement in pain and function and the physician states the patient uses this as needed and not on a regular basis. The 9/17/14 report documents improvement with bathing, cleaning, stairs, cooking, laundry, driving, exercises, standing, and walking. Utilization Review denied this because of long-term use. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. The majority of muscle relaxants listed under the MTUS guidelines are for short-term use. The MTUS section specifically for tizanidine states it can be used for low back pain, myofascial pain and fibromyalgia and states when using tizanidine that liver function should be monitored at baseline, 1, 3, and 6 months out. It does not make sense to monitor the liver function 3 and 6-months out if the medication is only taken for 2-weeks. The implication is that tizanidine was considered for treatment of low back pain, myofascial pain and fibromyalgia out for the 6-month period. Since the MTUS guidelines do not specifically state tizanidine is recommended for 2-weeks maximum duration, and the physician reports functional improvement, without side effects, the use of tizanidine appears to be in accordance with the MTUS recommendations. The request for Tizanidine 4mg #30, IS medically necessary.

Ibuprofen 800mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The records show the patient has been using ibuprofen since 4/2/14. There has been improvement in pain and function and the physician states the patient uses this as needed and not on a regular basis. The 9/17/14 report documents improvement with bathing, cleaning, stairs, cooking, laundry, driving, exercises, standing, and walking. Utilization Review denied ibuprofen 800mg because the guidelines state "Doses greater than 400 mg have not provided greater relief of pain." MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP The patient has been using ibuprofen 800mg bid, since 4/2/14, and has shown improvement in pain and function, with the only side effect being aggravation of GERD which is relieved with Prilosec. The UR statement about doses over

400mg is out of context as MTUS also states "Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose" and recommends 400mg every 4-6 hours, or 1600-2400mg/day. This patient is reported to be on 1600mg/day. The use appears to be in accordance with MTUS guidelines. The request for Ibuprofen 800mg #60, IS medically necessary.