

<b>Case Number:</b>	CM14-0217320		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/28/2000
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The patient is a 52-year-old female who was injured on November 28, 2000. The patient continued to experience pain in her lower back. Physical examination was notable for decreased range of motion of the thoracolumbar spine, mild paraspinal muscle tenderness of the mid-thoracic and lumbar spine, intact sensation and normal motor strength. Diagnoses included lumbar spine sprain/strain, thoracic spine sprain/strain, and lumbar spine radiculopathy. Treatment included medications, epidural steroid injections, and physical therapy. Requests for authorization for Tizanidine 4 mg #60 with 2 refills, Lidoderm patches #30 with 2 refills, Lyrica 100 mg #60 with 2 refills, Ibuprofen 800 mg #90 with 2 refills, and omeprazole 20 mg #30 with 2 refills were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug

Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors](http://www.agencymeddirectors)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

**Decision rationale:** Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking tizanidine since at least August 2014. The duration of treatment surpasses the recommended duration of two weeks. The request should not be authorized.

**Lidoderm patches 5% #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors](http://www.agencymeddirectors)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain, Lidoderm Patches

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made

if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned. (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case there is no documentation that the patient has neuropathic pain. In addition the patient has been using the Lidoderm patches since at least August 2014 and has not obtained analgesia. Criteria for using Lidoderm patches have not been met. The request should not be authorized.

**Lyrica 100mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://www.drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.com](http://www.agencymeddirectors.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 19-20.

**Decision rationale:** Lyrica is pregabalin, an anti-epilepsy drug. It has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case, documentation in the medical record does not support the diagnosis of neuropathic pain. There is no medical indication for treatment with Lyrica. The request should not be authorized.

**Ibuprofen 800mg, #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://www.drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website

Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors](http://www.agencymeddirectors)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

**Decision rationale:** Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least August 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.

**Omeprazole 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). Non-MTUS website ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) and Non-MTUS website [drugs.com](http://drugs.com) and Non-MTUS website Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com) and Non-MTUS website Monthly Prescribing Reference, [www.empr.com](http://www.empr.com) and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors](http://www.agencymeddirectors)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.