

<b>Case Number:</b>	CM15-0116086		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 injured worker is a 62 year old female, who sustained an industrial injury on 12/13/2011. She has reported subsequent low back pain and was diagnosed with cervicgia, lumbago, lumbar radiculopathy, right leg sciatica, thoracic myofascial pain and degenerative spondylolisthesis with disc herniation at L4-L5. MRI dated 04/06/2015 showed diffuse lumbar spondylosis, most pronounced at L4-L5 and L5-S1, annular fissure at L4-L5 and L5-S1, broad based disc bulge at L4-L5 with facet arthropathy and broad based central disc protrusion at L5-S1. The injured worker was also diagnosed with chronic hepatitis, fatty liver, hypertension, hyperlipidemia and atherosclerosis of the aorta. Treatment to date has included medication, chiropractic treatment, a home exercise program and physical therapy. The documentation notes that Zanaflex, Prilosec and Naprosyn had been prescribed as far back as 2012. In a progress note dated 04/30/2015, the injured worker complained of low back pain which was unchanged with pins and needles and burning in the toes and heels randomly. The severity of pain was not documented. Neck symptoms were noted to have improved. Objective findings were notable for tenderness of the cervical spinal, lower thoracic and lower lumbar muscles and sacral notches and decreased range of motion of the lumbar spine. A request for authorization of Zanaflex 4 mg #30, Prilosec 20 mg #60 and Naprosyn 500 mg #60 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

**Decision rationale:** As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Use with caution in renal impairment; should be avoided in hepatic impairment." The documentation submitted shows that Zanaflex had been prescribed to the injured worker as far back as 2012 and there is no discussion as to the effectiveness of the medication in the most recent progress notes. There is no evidence of significant pain reduction or objective functional improvement with use of the medication. In addition, the injured worker was diagnosed with chronic hepatitis and fatty liver and there are no recent blood tests documented that show the status of liver function. Therefore, the request for authorization of Zanaflex 4 mg #30 is not medically necessary.

**Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the CA MTUS guidelines, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. The medical documentation submitted does not show that the injured worker is at increased risk for gastrointestinal events as per MTUS guidelines. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age, and there is no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Prilosec 20 mg #60 is not medically necessary.

**Naprosyn 500mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-70.

**Decision rationale:** As per CA MTUS guidelines for NSAID use for chronic low back pain, NSAID's are "recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." In addition, per MTUS, "NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. Blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs." The documentation submitted shows that Naprosyn was prescribed to the injured worker as far back as 2012. As per MTUS guidelines, NSAID's are not recommended for long term use. In addition, there is no documentation of significant pain reduction or objective functional improvement with the use of Naprosyn. The injured worker also has diagnoses including chronic hepatitis, fatty liver, hypertension and hyperlipidemia. There is no documentation of any recent blood testing to show the status of liver and kidney function and no vital signs are documented on the most recent physician office visit. Therefore, the request for authorization of Naprosyn 500 mg #60 is not medically necessary.