

<b>Case Number:</b>	CM15-0175847		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	12/30/2006
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57-year-old male, who sustained an industrial injury on 12-30-06. He reported back pain. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain, chronic pain, and medication related dyspepsia. Treatment to date has included physical therapy, a home exercise program, injections, and medication. On 7-17-15 and 8-14-15 the treating physician noted "the patient reports ongoing activity of daily living limitations in the following areas due to pain: activity, ambulation, hand function, sleep, and sex." Physical examination findings on 8-14-15 included spasm in the lumbar paraspinal musculature. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Lumbar range of motion in the lumbar spine was moderately limited secondary to pain. Decreased sensitivity to touch along the L4-5 dermatomes in bilateral lower extremities was noted. The injured worker had been taking Tizanidine and Vitamin D since at least March 2015. Currently, the injured worker complains of neck pain and low back pain with radiation down bilateral lower extremities rated as 6 of 10 with medication and 9 of 10 without medication. The treating physician requested authorization for a second opinion orthopedic spine surgeon evaluation of the lumbar spine, Tizanidine 4mg #30, and Vitamin D 2000 units #90. On 8-27-15, the requests were non-certified. Regarding the orthopedic spine surgeon evaluation, the utilization review (UR) physician noted "the medical records do not establish whether the patient underwent that evaluation, and if so, the results of such." Regarding Tizanidine, the UR physician noted "guidelines do not recommend long term use of muscle relaxants." Regarding Vitamin D, the UR physician noted "without reviewing updated labs that specifically document the presence of an ongoing Vitamin D deficiency, there does not appear to be continued need for this type of supplementation."

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**2nd opinion orthopedic spine surgeon evaluation of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has persistent pain and failure to improve with pain management. The claimant has multiple skeletal related issues. Medications are not providing sustained relief as well as therapy. The request for a second opinion with Orthopedics is medically necessary and appropriate.

**Tizanidine 4mg #30, 1 tablet by mouth twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants the prior months in combination with NSAIDs. The claimant has persistent back pain symptoms'. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

**Vitamin D 2000 units #90, 1 tablet by mouth three daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 141.

**Decision rationale:** According to the guidelines vitamin D is appropriate in chronic pain in conjunction with other modalities. It is not intended for isolated treatment of pain. In this case, there is no mention of Osteoporosis. Vitamin D levels are unknown. The combination with other analgesics makes it difficult to determine its therapeutic role. The continued use of Vitamin D is not medically necessary.