

<b>Case Number:</b>	CM15-0071492		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, New York, 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:

The applicant is a represented 40-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 20, 2008. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve requests for tizanidine and Prilosec. The claims administrator framed the request as a retrospective request for medications prescribed and/or dispensed on or around June 30, 2010. The claims administrator did however, approve six sessions of physical therapy, it was incidentally noted. The applicant's attorney subsequently appealed. In an appeal letter dated April 24, 2015, the attending provider appealed previous denials of Neurontin, Relafen, Prilosec, tizanidine, and Norco. The applicant did have multifocal complaints of neck, low back, and hip pain. The attending provider stated that the applicant's functionality was decreasing over time. The applicant was having difficulty standing and walking, the treating provider reported. The treating provider suggested (but did not clearly state) that the applicant had developed issues with dyspepsia associated with Relafen usage. On April 30, 2015, the applicant reported ongoing complaints of low back pain radiating into the leg. Facet joint injections were endorsed. The applicant's medications included tizanidine, Relafen, Prilosec, Norco, and Neurontin. A 20-pound lifting limitation was endorsed. The attending provider suggested that the applicant was not working with said limitations in place. The applicant had undergone multiple previous epidural steroid injections, the treating provider reported. The treating provider stated that Prilosec was being employed for the purposes of attenuating symptoms of reflux and dyspepsia with medication consumption. Standing and walking were painful; the treating provider went on to report.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 6/30/2010) for Tizanidine-Zanaflex HCL4mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** No, the request for tizanidine (Zanaflex) was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was present here on or around the date in question, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing tizanidine usage, it was suggested. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, it was noted on several occasions, referenced above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.

**Retrospective request (DOS: 6/30/2010) Omeprazole-Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. Here, the applicant did report issues with Relafen-induced dyspepsia. Ongoing usage of Prilosec (omeprazole) was, thus, indicated here. Therefore, the request was medically necessary.