

<b>Case Number:</b>	CM15-0073381		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/18/1995
<b>Decision Date:</b>	04/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Expedited	<b>Application Received:</b>	04/17/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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:

This injured worker is a 66-year-old female who has reported low back pain after an injury on 9/18/15. She has been diagnosed with lumbar degenerative disc disease. Treatment has included at least two lumbar surgeries and multiple medications. The treating physician reports during 2014 reflect ongoing oxycodone, tizanidine, Mobic, water therapy, and function limited by pain. Buprenorphine was discussed. Minimal leg weakness was present. A neurologist evaluation had occurred, although no results were presented. Blood pressures have been intermittently elevated. On 1/28/15 the treating physician noted that pain medications allowed her to return to pool exercise. Gait was unsteady. Tizanidine was listed as a current medication. The gait was antalgic. The treatment plan was to decrease OxyContin, continue water therapy, and use buprenorphine when authorized. The report of 2/26/15 noted better function with more pain medication. On 3/25/15 the treating physician noted that there was ongoing low back pain with left leg weakness. She fell at home. She takes oxycodone, tizanidine, and Celebrex (from another source). She does not use Mobic. Medications allow her to walk and go to the pool. Activities of daily living were greatly limited. GERD was so severe that she spent most of the day in a recliner. She has attended aquatherapy visits. The gait was unsteady and broad-based. Trace weakness was present in the left lower extremity. The blood pressure was 150/80. The treatment plan included continued oxycodone, tizanidine, Mobic, Wellbutrin, more pool therapy, and a physical therapy evaluation for gait training and safety. There was no discussion of the possible causes of the gait disturbance. A urine drug screen on 9/10/14 was positive for opiates and oxycodone. The urine drug screen on 3/25/15 was positive for opiates and oxycodone. On 3/30/15 Utilization Review

non-certified tizanidine, Mobic, and a physical therapy evaluation. Wellbutrin was certified. The MTUS and the Official Disability Guidelines were cited. A 4/11/15 appeal letter from the injured worker recounts the history of the back injury, including surgeries. OxyContin, Zanaflex, Celebrex, Wellbutrin, and Dexilant allowed her to walk a few blocks. There was a subsequent downward adjustment of medications. Dexilant helps "gerd". Pain medicine reduction caused reduction of walking to one half block and loss of balance. Current pain is at a very high level and she desperately needs her medicines.

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

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

**Tizanidine 4mg #120 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxants.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The Official Disability Guidelines have a similar recommendation for muscle relaxants but appear to provide some support for longer term use of tizanidine to treat chronic pain. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for many months. The quantity prescribed implies long-term use, not a short period of use for acute pain. The reports show some improvements in pain and function as a result of prescribing this muscle relaxant. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that liver function tests (LFTs) are monitored. The Official Disability Guidelines have this same recommendation and note the need for caution for prescribing in patients with renal and hepatic impairment. Given the information provided by both the treating physician and the injured worker, there is some support for ongoing use of tizanidine in this case with respect to pain and function. However, the necessary toxicity monitoring has not occurred, making further use potentially contraindicated. Absent a sufficient toxicity monitoring program (which is not in place now), further use of tizanidine is not medically necessary.

**Mobic 7.5mg #60 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,68,70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. The treating physician has noted small improvements in function and pain with her pain medications. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Blood pressures have been elevated and this has not been discussed in the context of using NSAIDs. No blood tests are recorded or discussed. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. In this case, ongoing use of NSAIDs appears to provide some functional and symptomatic benefit and this injured worker may be an exception to the general MTUS recommendation for NSAIDs to treat back pain. However, the proper monitoring of toxicity has not occurred and there is an ongoing issue of elevated blood pressures. As such, the medical necessity is currently not present based on the MTUS and recent treatment plans.

**Physical Therapy Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The treating physician has clearly stated that this physical therapy evaluation is for gait assessment and safety precautions. There have been recent falls and the injured worker has an altered gait. Attention to this issue is warranted and a visit in PT for this purpose is consistent with the MTUS recommendations for treatment of chronic pain. Treatment should be based on functional restoration rather than passive modalities, with which this prescription is in accordance. It is very important that this injured worker avoid falls. There remain outstanding questions regarding the etiology of the unsteady gait and falls, which remain to be answered. The physical therapy evaluation is medically necessary. The Utilization Review is overturned as the Utilization Review did not address the stated purpose of this referral and that it was consistent with the recommendations of the MTUS for treating chronic pain.