

<b>Case Number:</b>	CM15-0078228		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26 year old male sustained an industrial injury to the back on 5/20/14. Previous treatment included x-rays, magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a visit note dated 3/31/15, the injured worker complained of pain to the mid and low back, rated 5/10 on the visual analog scale. The injured worker reported that his pain had increased since his last visit. The physician noted that the injured worker received excellent relief and functional improvement with improved range of motion, less reliance on pain medications and improved activity tolerance following chiropractic therapy. Current diagnoses included lumbar facet syndrome, low back pain and thoracic pain. The treatment plan included additional chiropractic therapy and medications (Flexeril, Ultram and Ibuprofen).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain; Pain Outcomes and Endpoints Page(s): 66, 8-9.

**Decision rationale:** The patient presents on 03/31/15 with mid and lower back pain rated 5/10 with medications, 8/10 without medications. The patient's date of injury is 05/20/14. Patient has no documented surgical history directed at this complaint. The request is for Tizanidine HCL 4MG #60. The RFA is dated 04/01/15. Physical examination dated 03/31/15 reveals tenderness to palpation of the bilateral thoracic paraspinal muscles, and bilateral lumbar paraspinal muscles with spasms noted. Provider also notes positive lumbar facet loading at decreased range of motion on extension. Neurological examination is otherwise unremarkable. The patient is currently prescribed Ibuprofen, Tizanidine, and Ultram. Diagnostic imaging included thoracic spine MRI dated 11/24/14 with unremarkable findings. Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1,3, and 6 months out. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". In regard to the continuation of Tizanidine, the request is appropriate. This patient has been prescribed Tizanidine since at least 02/24/15. Addressing efficacy, progress note dated 03/31/15 states: "patient rates his pain with medications as 5 on a scale of 1 to 10 without medications as 8 on a scale of 1 to 10", though does not specifically address which medication relieves which symptoms, or provide specific functional improvements. MTUS guidelines support the usage of Tizanidine long term for treatment of myofascial pain, low back pain and fibromyalgia conditions. Given the patient's continued myofascial pain and lower back pain and documentation of pain reduction attributed to medications, continuation is substantiated. The request is medically necessary.

**Ultram 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 03/31/15 with mid and lower back pain rated 5/10 with medications, 8/10 without medications. The patient's date of injury is 05/20/14. Patient has no documented surgical history directed at this complaint. The request is for ULTRAM 50MG #60. The RFA is dated 04/01/15. Physical examination dated 03/31/15 reveals tenderness to palpation of the bilateral thoracic paraspinal muscles, and bilateral lumbar paraspinal muscles with spasms noted. Provider also notes positive lumbar facet loading at decreased range of motion on extension. Neurological examination is otherwise unremarkable. The patient is currently prescribed Ibuprofen, Tizanidine, and Ultram. Diagnostic imaging included thoracic

spine MRI dated 11/24/14 with unremarkable findings. Patient is currently working with modified duties. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the requested Ultram for the maintenance of this patient's thoracic and lumbar back pain, treater has not provided adequate documentation of medication efficacy to continue treatment. This patient has been prescribed Ultram since at least 02/24/15. Progress note dated 03/31/15 does include a reduction in pain from 8/10 to 5/10 attributed to medications, though does not specifically address Ultram or provide activity-specific functional improvements as required by MTUS. Urine drug screen dated 03/31/15 indicates that this patient tested negative for Tramadol/Ultram, a medication he was prescribed at the time of specimen collection. The associated progress note does indicate that this patient has been having trouble receiving medication authorization, though it is not discussed whether or not he was actually taking Ultram at the time of sample collection. Furthermore, there is no discussion of a lack of aberrant behavior provided to substantiate continued use. Owing to a lack of complete 4 A's documentation as required by MTUS, the request is not medically necessary.

**Ibuprofen 600mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents on 03/31/15 with mid and lower back pain rated 5/10 with medications, 8/10 without medications. The patient's date of injury is 05/20/14. Patient has no documented surgical history directed at this complaint. The request is for Ibuprofen 600mg #60. The RFA is dated 04/01/15. Physical examination dated 03/31/15 reveals tenderness to palpation of the bilateral thoracic paraspinal muscles, and bilateral lumbar paraspinal muscles with spasms noted. Provider also notes positive lumbar facet loading at decreased range of motion on extension. Neurological examination is otherwise unremarkable. The patient is currently prescribed Ibuprofen, Tizanidine, and Ultram. Diagnostic imaging included thoracic spine MRI dated 11/24/14 with unremarkable findings. Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non- selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the requested Ibuprofen for this patient's chronic lower back pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 03/31/15 documents a reduction in pain from 8/10 to 5/10 attributed to medications, though does not specifically mention Ibuprofen. Given the conservative nature of

this medication and documented analgesia, continued use is substantiated. The request is medically necessary.