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| <b>Case Number:</b>   | CM15-0098582 |                              |            |
| <b>Date Assigned:</b> | 05/29/2015   | <b>Date of Injury:</b>       | 08/31/2012 |
| <b>Decision Date:</b> | 07/03/2015   | <b>UR Denial Date:</b>       | 05/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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:

The injured worker is a 35-year-old female, who sustained an industrial injury on 08/31/2012. On provider visit dated 04/28/2015 the injured worker has reported low back pain that goes down bilateral legs. The injured worker stated that the symptoms are chronic and they are stable. On examination of them lumbar spine revealed restricted range of motion. Positive straight leg raise bilaterally was noted, antalgic gait was noted on both sides. Mild lumbar spine was noted and pain with range of motion. Pain to palpation was noted over the intervertebral disc space and paraspinal muscles. The diagnoses have included displacement of the lumbar intervertebral disc, without myelopathy, myofascial pain syndrome and neurogenic bladder NOS. Treatment to date has included medication: Atorvastatin Calcium, Benicar, Gabapentin, Imitrex, Klonopin, Minastrin, Norco, Omeprazole, Synthroid, Percocet, Zanaflex and Motrin. The provider requested Motrin 800mg and Zanaflex 4mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin (Ibuprofen) 800mg #90:** 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 Anti-inflammatory medication Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in the lower back and bilateral lower extremities. The request is for MOTRIN (IBUPROFEN) 800 MG #90. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation over lumbar intervertebral disc space at approximately L4/5 and L5/S1, worse with range of motion in all planes. There were mild spasms in the bilateral paraspinals of the lumbar spine as well as superior gluteal muscles with twitch response to palpation. Straight leg raising test was positive bilaterally. Patient's gait was antalgic on both sides. Patient's treatments have included medications and physical therapy, without benefits. Per 04/13/15 progress report include displacement of lumbar intervertebral disc without myelopathy, myofascial pain syndrome, neurogenic bladder nos, awaiting for certification to see urologist for neurogenic bladder. Patient's medications, per 03/31/15 progress report included Atorvastatin, Calcium, Benicar, Gabapentin, Ibuprofen, Imitrex, Klonopin, Minastrin 24 Fe, Norco, Omeprazole, Synthroid, and Zanaflex. Patient is temporarily totally disabled. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "a record of pain and function with the medication should be recorded," when the medications are used for chronic pain. Treater does not discuss this request. Patient has received prescriptions for Ibuprofen from 12/29/14 and 04/28/15. In this case, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it IS NOT medically necessary.

**Zanaflex (Tizanidine) 4mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The patient presents with pain in the lower back and bilateral lower extremities. The request is for ZANAFLEX (TIZANIDINE) 4 MG #90. Physical examination to the lumbar spine on 04/28/15 revealed tenderness to palpation over lumbar intervertebral disc space at approximately L4/5 and L5/S1, worse with range of motion in all planes. There were mild spasms in the bilateral paraspinals of the lumbar spine as well as superior gluteal muscles with twitch response to palpation. Straight leg raising test was positive bilaterally. Patient's gait was antalgic on both sides. Patient's treatments have included medications and physical therapy, without benefits. Per 04/13/15 progress report include displacement of lumbar intervertebral disc without myelopathy, myofascial pain syndrome, neurogenic bladder nos, awaiting for certification to see urologist for neurogenic bladder. Patient's medications, per 03/31/15 progress report included Atorvastatin, Calcium, Benicar, Gabapentin, Ibuprofen, Imitrex, Klonopin, Minastrin 24 Fe, Norco, Omeprazole, Synthroid, and Zanaflex. Patient is temporarily totally disabled. The treater has not discussed this request. Patient has received prescriptions from

12/29/14 and 04/28/15; however, there is no discussion of its efficacy in terms of pain reduction and functional improvement. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request IS NOT medically necessary.