

Case Number:	CM13-0006332		
Date Assigned:	10/11/2013	Date of Injury:	06/13/2007
Decision Date:	01/21/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

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 IMR application shows a dispute with the 7/17/13 UR decision on myofibex and tizanidine HCL. The 7/17/13 UR letter is from [REDACTED] and denies tizanidine for no noted medical necessity, and it was prescribed on a routine basis for muscle spasms. [REDACTED] denied Myofibex, stating it is an herbal supplement consisting of calcium, magnesium, valerian, ginkgo, biloba and passiflora. According to the 6/25/13 initial report from [REDACTED], the patient is a 53-YO, 5'6", 145 lbs, male, with neck, back and right leg and hip pain from a work injury on 5/10/2007 when he fell in a 3-foot ditch. The patient has received prior PT, chiropractic and acupuncture. He was diagnosed with multilevel lumbar and cervical disc protrusions, facet arthropathy, cervicalgia, and right C6, C7 and C8 radiculopathy. The medical report is missing pages 11-12, which presumably have the treatment plan and rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofibex 167/65/200mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Herbal Medications

Decision rationale: MTUS, page 51 discusses herbal medicines, but does not discuss any of the components of Myofibex. MTUS on page 111, gives general information on compounded medications stating, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The UR letter states Myofibex contains calcium, magnesium, valerian, ginkgo, biloba and passiflora. The patient is not shown to have deficiencies in calcium or magnesium, unless this was reported on the missing pages 11-12 of the 6/25/13 report. The other items of the compound are herbal supplements. ODG states "quality evidence is available for only 3 categories: oral Harpagophytum procumbens (Devil's claw), oral Salix alba (White willow bark), and topical Capsicum frutescens (Cayenne)." Myofibex does not contain any of these categories. Herbal supplements are not classified as drugs by the FDA and, therefore, cannot be claimed to treat any medical condition. The herbal component of the compounded product is not in accordance with MTUS or ODG guidelines, so the whole compounded product would not be recommended.

Tizanidine HCL 4mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: MTUS states tizanidine is approved for spasticity and unlabeled use for low back pain. MTUS also cites articles showing some support for chronic myofascial pain and fibromyalgia. There was only a portion of one medical report available, and it was an initial evaluation and the patient was reported to have low back pain. The 1/24/11 MRI was reported to show cervical disc protrusions abutting the cord and causing spinal canal narrowing. There is no evidence that the patient has tried tizanidine in the past. The trial of Tizanidine appears to be in accordance with MTUS guidelines.