

Case Number:	CM13-0010684		
Date Assigned:	09/25/2013	Date of Injury:	02/02/2006
Decision Date:	01/15/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/13/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported a work-related injury on 02/02/2006 due to a trip and fall. Her diagnoses included lumbar spine sprain/strain, sprain of sacroiliac ligament, thoracic or lumbosacral neuritis or radiculitis unspecified, adjustment disorder with mixed anxiety and depressed mood, psychological factors affecting medical condition, and insomnia. The patient has undergone conservative care to include aquatic therapy, acupuncture, physical therapy, chiropractic treatments, injections, and rhizotomies. The patient was considered permanent and stationary on 10/22/2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/Antispasmodic Page(s): 66.

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

Decision rationale: The clinical note dated 06/25/2013 noted that the employee reported a pain level as 5/10 to 6/10 with the use of medication. Tenderness to palpation was noted to the lumbar spine with a positive straight leg raise. The treatment plan was noted to continue the

home exercise program, refill Tylenol #4, Zanaflex, and Flector patch and the employee was to return the next day to provide a urine sample. The MTUS guidelines indicate that Tizanidine has an unlabeled use for low back pain. It is recommended as a first line option to treat myofascial pain and may also provide benefit as an adjunct treatment for fibromyalgia. There was a lack of documentation submitted for review documenting the employee's functional improvements due to the use of the medication Tizanidine. There was no documentation of objective findings that revealed prior use of the medication had produced any long-term benefits for the employee. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The clinical documentation submitted does not support the request for Tizanidine 4 mg. The request for Tizanidine 4mg #90 is not medically necessary and appropriate.

Zaleplon 10mg #30: 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), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: The clinical note dated 06/25/2013 stated the employee complained of low back pain rated as 5/10 to 6/10 with the use of medication. The medications were listed as Tylenol No. 4, Zanaflex, and Flector patch. The employee was noted to have tenderness to palpation of the lower spine and sacroiliac joints with a positive straight leg raise on the left. The employee was also noted to have a positive Yeoman's test bilaterally. The Official Disability Guidelines indicate that Zaleplon reduces sleep latency. Side effects are noted as headache, drowsiness, dizziness, fatigue, confusion, and abnormal thinking. The guidelines further indicate that this medication has a rapid onset of action and short-term use (7 to 10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The employee was noted to have a diagnosis of insomnia according to previous clinical documentation, yet there was no recent clinical documentation noting that the employee had insomnia or had complaints of poor sleep. It was unclear how long the employee has been on this medication according to the submitted documentation. There was no documentation noting the effectiveness of this medication for the employee. The request for Zaleplon 10mg #30 is not medically necessary and appropriate.

Flector patch #60: 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), Pain Chapter, Flector Patch.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector Patch.

Decision rationale: The clinical note dated 06/25/2013 indicated that the employee complained of low back pain rated at 5/10 to 6/10 with use of medications. The medications included Tylenol No. 4, Zanaflex, and Flector patch. The treatment plan was noted for the employee to continue a home exercise program, refill the employee's medications, and the employee would return on the next day to provide a urine sample to quantify use of prescribed medication. The Official Disability Guidelines indicate that Flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. There is no submitted documentation stating the employee had contraindications to oral NSAIDs or that oral NSAIDs had failed to provide pain relief. There is no documentation submitted noting the employee's functional improvements due to the use of the Flector patch. The guidelines further indicate that this medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of its effectiveness or safety. There is also no data to substantiate Flector efficacy beyond 2 weeks. The request for Flector patch #60 is not medically necessary and appropriate.