

Case Number:	CM13-0015227		
Date Assigned:	03/10/2014	Date of Injury:	10/10/2009
Decision Date:	04/22/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 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/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 42-year-old female who reported an injury on 10/10/2009. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, chiropractic care, traction, and multiple medications. The patient was evaluated on 07/09/2013 and it was documented that the patient had 6/10 pain of the low back radiating into the bilateral lower extremities. It was noted that the patient's medication schedule included tramadol extended release, Zanaflex 4 mg, Prilosec 20 mg, and Medrox patches. Physical findings included tenderness to palpation of the lumbar paraspinal musculature with limited range of motion secondary to pain and decreased sensation in the bilateral L5 dermatomes with positive bilateral straight leg raising test. The patient's treatment plan included continuation of medications.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested tizanidine 4 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 12/2012. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the treatment of moderate to severe chronic pain. The California Medical Treatment Utilization Schedule recommends the use of muscle relaxants be limited to 2 to 3 weeks for acute exacerbations. As the patient has been on this medication for duration of time in excess of guideline recommendations and there are no exceptional factors noted to extend treatment beyond those recommendations, continued use of this medication would not be supported. As such, the requested tizanidine 4 mg #90 is not medically necessary or appropriate.

KETOPROFEN 20% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested ketoprofen 20% #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of ketoprofen as a topical analgesic as it is not FDA approved in this formulation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Therefore continued use of this medication would not be supported. As such, the requested ketoprofen 20% #30 is not medically necessary or appropriate.