

Case Number:	CM13-0015292		
Date Assigned:	10/08/2013	Date of Injury:	03/27/2009
Decision Date:	01/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology, has a subspecialty in Pain Medicine 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. 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 36-year-old male who reported injury on 03/27/2009. The mechanism of injury was not provided. The patient was noted to have cervical paraspinal muscle and bilateral trapezius muscle tenderness. There was noted to be tenderness in the lumbar paraspinal muscles. The diagnoses were noted to include lumbar strain, thoracic strain, and C5-6 stenosis. The request was made for Xoten-C, tizanidine 4 mg #120, tramadol 37.5 #100, Naprosyn 500 mg #100, and hydrocodone/APAP 10 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten C: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/109253/xoten-c.html>

Decision rationale: Per Drugs.com, this is a topical analgesic containing methyl salicylate, menthol, and 0.02% capsaicin. The California MTUS does not specifically address Xoten-C; however, the California MTUS states that topical analgesics are "Largely experimental in use

with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments". The California MTUS guidelines recommend treatment with topical salicylates. The patient had subjective complaints of increased neck, back, and shoulder pain. The patient was noted to need refills of the medications. The patient was noted to have cervical paraspinal muscle and bilateral trapezius muscle tenderness, as well as tenderness at the insertion of the paraspinal muscle at the occiput. The patient was noted to have tenderness in the lumbar paraspinal muscles with a limited range of motion. It was noted that Xoten lotion would be utilized as a topical agent to treat the patient's pain. The clinical documentation submitted for review fails to provide the patient has trialed other treatments and has not responded. Additionally, it failed to provide documentation of the efficacy of the requested medication. Given the above, the request for Xoten C is not medically necessary.

Tizandine 4mg #120: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend Tizanidine (Zanaflex®) as non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The clinical documentation submitted for review indicated the patient had paraspinal muscle and bilateral trapezius muscle tenderness and lumbar paraspinal muscle tenderness. This was noted to be a refill and the documentation failed to provide exceptional factors to warrant long term treatment for this patient. The efficacy of the medication was not provided. Given the above, the request for Tizanidine 4mg #120 is not medically necessary.

Tramadol 37.5 #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for Neuropathic Pain, Tramadol Page(s): 78, 82, 93-94.

Decision rationale: The California MTUS states Tramadol has been suggested as a second line treatment (alone or in combination with first line drugs). The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the patient had trialed first line medications. Additionally, it failed to provide documentation of the 4 A's. Given the above and the lack of documentation, the request for Tramadol 37.5 #100 is not medically necessary.

Naprosyn 500mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66, 70.

Decision rationale: The California MTUS guidelines indicate that Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. California MTUS and recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The documentation indicated that the patient utilize the medication as an anti-inflammatory. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for Naprosyn 500mg #100 is not medically necessary.

Hydrocodone/APAP 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On Going Management, Opioids Page(s): 78, 91.

Decision rationale: The California MTUS states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Given the above, the request for Hydrocodone/APAP 10mg #60 is not medically necessary.