MAXIMUS Federal Services

Case Number:	CM13-0015836		
Date Assigned:	10/09/2013	Date of Injury:	08/24/2009
Decision Date:	02/21/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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, 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. 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:

This is a 32 year-old male who was injured on 8/24/09 and diagnosed with: right leg L5 radiculitis; right sacroiliitis; facet arthropathy of the lumbar spine and bilateral neuroforaminal narrowing at L4/5 and L5/S1. The IMR application shows a dispute with the 7/25/13 UR denial for Tizanidine 4mg, #90. The UR decision was from CID, and was based on the 6/19/13 medical report from [redacted], and also denied Medrox patches, and modified the request for Oxycodone

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain and Pain Outcomes and Endpoints Page(s): 66, 8-9.

Decision rationale: The Physician Reviewer's decision rationale: MTUS, page 9 states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The 5/22/13 report/patient diagram shows lower back pain at 8-9/10, the patient was taking

Zanaflex 3-4/day , oxycodone and OxyContin. On report/patient diagram, the back pain was still at 9/10, even with increasing the Zanaflex to 5-6/day. The 7/17/13 report/patient diagram continues to show 9/10 pain with 3-4 Zanaflex/day. There is no change in pain despite using or increasing Zanaflex. MTUS does not recommend continuing with medications that do not provide a satisfactory response. The continued use of Zanaflex is not in accordance with MTUS guidelines.

Medrox patches, 2 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " and "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." the compound also contains Capsaicin 0.375%, and MTUS for capsaicin states" There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. " MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.