

Case Number:	CM13-0032537		
Date Assigned:	12/11/2013	Date of Injury:	05/04/1995
Decision Date:	01/16/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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 Management and is licensed to practice in Georgia. 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. 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 claimant is a-year-old male presenting with neck pain and bilateral wrist pain following a work-related injury on. The pain is described as severe particularly over the left shoulder and neck. The pain radiates to the shoulders bilaterally extending to the upper arms. The pain is associated with headaches which are described as throbbing in nature, and stiffness in the neck. The pain in the bilateral wrist and hand are intermittent and radiating through the fingers. Pain is associated with numbness and tingling that is constant and worse at night. The claimant also associates occasional swelling in the wrist and hand and fingers as well as weakness and cramping in both hands. The claimant is currently taking Flexeril and has tried physical therapy. The physical exam was significant for tenderness in the cervical paraspinal muscles, mild spasms and guarding, tightness and spasms mostly on the left. Tender trapezial muscles primarily on the left and tenderness at the bilateral biceps and acromioclavicular joint. There is also limited range of motion due to the pain. EMG/nerve conduction velocity was consistent with bilateral carpal tunnel syndrome. The claimant was diagnosed with severe work-related central canal stenosis from C3-7 and bilateral carpal tunnel syndrome. The claimant was made for tizanidine 4 mg #120, Xoten-C lotion, and Proteolin

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C Lotion: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Xoten-C lotion is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. In reference to this case, there was no documentation that the claimant had an intolerance or failed first-line therapy for example anti-depressants or anticonvulsants.

Tizanidine 4mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 65.

Decision rationale: The Physician Reviewer's decision rationale: Tizanidine 4 mg # 120 is not medically necessary. According to MTUS page 65, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. MTUS further states that Tizanidine may be used as first line option to treat myofascial pain. The claimant was not diagnosed with myofascial pain and Tizanidine use for his current diagnosis would be off label. Tizanidine is therefore not medically necessary.

Proteolin #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The Physician Reviewer's decision rationale: Proteolin # 60 is not medically necessary. The provider requested Proteolin as an anti-inflammatory. Ca MTUS does not make direct comment in regard to this medication but its use in this case would be for off-label use. CA MTUS does not recommend medications for off-label use. Additionally, this medication is

used for inflammatory condition. The claimant's was diagnosed with central canal stenosis and bilateral carpal tunnel syndrome. The medical records do not provide documentation of an inflammatory condition. Proteolin is therefore not medically necessary.