

<b>Case Number:</b>	CM13-0033111		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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, 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:

This is a 71-year-old male with date of injury on 11/19/2001. There is no mechanism of injury noted. The notes provided state that the patient has pain in his right knee with a diagnosis of strain/sprain not otherwise specified, and internal derangement of the knee. The patient is using naproxen, Zanaflex, and a topical compounded ointment for treatment. The current request is for Tizanidine 4 mg #60 and topical compounded Flurbiprofen and lidocaine ointment 30 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound med: 30gm fluriprofen 25%, lidocaine 5% ointment:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines state that one medication be trialed at a time and documentation of outcome; in terms of function and pain, be made. The California MTUS also states that any topical compounded medication containing a drug or drug class that is not recommended, then the entire compound is not recommended. The current request is for compounded Flurbiprofen and lidocaine. Lidocaine is only approved topically as a Lidoderm

patch. Given that lidocaine topically is only approved in the lidoderm patch form and no documentation as to single trials of these agents and outcome is provided, the topical compounded ointment is not medically necessary.

**Tizanidine 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

**Decision rationale:** The California MTUS classifies muscle relaxants as a second line option and generally should not be used long term. Tizanidine as an antispasticity/antispasmodic drug that is FDA approved for spasticity. It is used off-label for other conditions. The patient has currently been using this medication chronically but the documentation provided is lacking in physical exam and subjective characteristics of the pain, pain scores with and without medication, and/or functional improvement to suggest using this second line drug in a chronic manner. As such, the notes and documentation provided do not allow approval of Tizanidine and the request is not medically necessary.