

<b>Case Number:</b>	CM13-0039295		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 ABFP 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:

24 year old male claimant sustained an injury on 6/3/13 resulting in a fall and ankle strain. Prior to this injury he had a LisFranc fracture of the same foot and prior open reduction and internal fixation. An examination on the date of injury noted that the claimant had a Grade 1 ankle strained but required removal of retained symptomatic hardware that is causing soft tissue irritation. On 6/12/13 he had removal of his left foot hardware. A progress note on 7/3/13 noted that the claimant was given Vicodin for pain, Zanaflex for muscle spasms and topical Gabaclycotran. His examination was notable for palpatory tenderness over the left 3 toes and metatarsophalangeal joints. A progress note on 8/28/13 indicated increased pain of 7/10 pain in the ankle and therapy was recommended. Pain medications were continued along with the addition of Terocin topical cream. A progress note on 9/17/13 noted continued left foot pain with antalgic gait. A request was made to continue the above medications for the claimant's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR VICODIN 7.5/750MG, #90 DOS: 7/3/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 74-92.

**Decision rationale:** Vicodin contains a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. There is no documentation of failure on NSAIDS or Tylenol. The use of Vicodin was not medically necessary.

**RETROSPECTIVE REQUEST FOR ZANAFLEX DOS: 7/3/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section.

**Decision rationale:** According to the MTUS guidelines: Tizanidine (Zanaflex®<sup>®</sup>, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). Non-sedating muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. In this case the Zanaflex is not used for low back pain and 1st line agents such as NSAIDs and Tylenol were not used. Zanaflex was not medically necessary based on the clinical information and the guidelines above.

**RETROSPECTIVE REQUEST FOR GABACYCLOTRAN DOS: 7/3/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): s 111-112.

**Decision rationale:** Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006)

Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor), (Argoff, 2006). There is little to no research to support the use of many of these agents. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Gabacyclotran contains Gabapentin and Gabapentin is not recommended for topical use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As a result, Gabacyclotran is not medically necessary.