MAXIMUS Federal Services

Case Number:	CM13-0044854		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	05/15/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 32-year-old female who reported an injury on 05/17/2010. The injury reportedly occurred when she was attempting to clear a cooling machine and had a sudden onset of cervical pain. It was noted that she had then been treated with conservative modalities such as physical therapy and medication with no response and therefore underwent a fusion at C5-6 on 09/10/2010. The diagnoses include chronic myofascial pain syndrome, chronic cervical spine strain, chronic lumbar spine strain, and status post cervical surgery. On 04/30/2013, her medications were listed to include Omeprazole 20 mg, twice a day, Neurontin 900 mg 3 times a day, Zanaflex 4 mg 3 times a day, marijuana, Lunesta, Savella, OxyContin, and topical Terocin lotion. A Request for Authorization form for omeprazole, Tizanidine, Gabapentin, Terocin, clinic visit, and record review performed on 04/30/2013 was submitted on 10/02/2013. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #150 PROVIDED ON 04/30/2013: 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) Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines nonsedating muscle relaxants may be used as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, efficacy of muscle relaxants is noted to diminish over time and prolonged use of some of these medications may lead to dependence. The guidelines also indicate that tizanidine is FDA approved for the management of spasticity and used off label for low back pain. The clinical information submitted for review indicates that the injured worker was utilizing tizanidine 4 mg 3 times a day. However, as she was shown to have been taking this medication long term and the guidelines do not support long term use of muscle relaxants, continued use is not supported. In addition, details regarding the patient's outcome with use of this medication were not provided within the 04/30/2013 progress report. Therefore, it is unknown whether the patient had pain relief, as well as increased function, with use of tizanidine. Further, it is unclear whether she experienced any side effects with use of this medication. Based on the above information, the retrospective request for tizanidine 4 mg provided on 04/30/2013 is not supported.

TEROCIN LOTION #2 PROVIDED ON 04/30/2013: 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): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: Terocin lotion is noted to include methyl salicylate 25%, capsaicin 0.025%, menthol 10% and Lidocaine 2.50%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety and are primarily used intravenous he treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, topical compounded medications which contain 1 drug that is not recommended by the guidelines, are not recommended. In regard to topical capsaicin, the guidelines indicate that use of topical capsaicin is only recommended for patients who have not responded or were intolerant to other treatments. In regard to topical Lidocaine, the guidelines indicate that this medication is only recommended in the formulation of the Lidoderm patch in the treatment of neuropathic pain; however, no other commercially approved topical formulations of Lidocaine such as creams, lotions, or gels are indicated for neuropathic pain. As the requested topical compound is noted to contain capsaicin and topical Lidocaine in the formulation of a cream, which are not recommended at this time, the topical compound is also not supported. As such, the request is non-certified.