

Case Number:	CM13-0047360		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 female restaurant supervisor who was injured her neck on 5/17/2010 while helping a manager fix a cooler. The IMR application shows a dispute with the 10/23/13 UR denial for use of Tizanidine and Terocin lotion. The 10/23/13 UR letter is by [REDACTED] and provides a retrospective denial for Terocin and Tizanidine for 4/30/13. According to the 4/30/13 report from [REDACTED], the patient presents with increasing neck and back pain with no significant numbness in the legs or arms. She was awaiting authorization for a urology consultation for incontinence. [REDACTED] did TPI on 4/30/13, but the location was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #150 dispensed on 4/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, and Anti-Spasmodic Drugs Page(s): 8-9, 66.

Decision rationale: The tizanidine was denied retrospectively from 4/30/13. The patient has been using tizanidine/Zanaflex on the 1/31/13 report. There was no pain assessment or discussion of medication efficacy on the 1/31/13, 3/14/13 or 4/30/13 reports. MTUS states that 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 physician has not provided a report showing functional improvement with use of tizanidine. There is no documentation of a satisfactory response, or discussion of decreased pain, improved function or improved quality of life. MTUS does not recommend continued use of medications that do not provide a satisfactory response. The continued use of Zanaflex/tizanidine is not in accordance with MTUS guidelines.

Terocin lotion #2 dispensed on 4/30/13: Upheld

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

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

Decision rationale: The patient presents with neck pain. Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, methyl salicylate, capsaicin and possible menthol are indicated (methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105, "Ben-Gay" is given as an example and Ben-Gay contains menthol and methyl salicylate). Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.