

Case Number:	CM13-0054684		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2001
Decision Date:	03/21/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice, and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 59-year-old male who reported an injury on 12/20/2001. The mechanism of injury was not provided for review. The patient ultimately developed chronic upper and low back pain. Previous treatments included trigger point injections and medication management. The patient was evaluated on 08/26/2013, which documented that the patient had improvement in pain levels secondary to trigger point injections. The patient's medication schedule included Flexeril, Vicodin and Zyrtec. The patient was again evaluated on 10/15/2013 with documented pain levels of 3/10 to 4/10 with no medication usage. The patient's diagnoses included chronic pain syndrome, lumbago, lumbar disc displacement, lumbosacral neuritis, cervicalgia and myalgia and myositis. The patient's treatment plan included a prescription for a Flector patch and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3%, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested Flector patch 1.3% #60 is not medically necessary or appropriate. The MTUS Guidelines do not recommend the use of topical nonsteroidal anti-inflammatory drugs unless there is documented failure to respond to oral formulations of this type of medication or if oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated in the patient. The clinical documentation submitted for review does not provide any evidence that the employee's pain was not responsive to oral formulations of the medication. Additionally, the topical use of nonsteroidal anti-inflammatory drugs for neuropathic pain is not recommended by the MTUS Guidelines. Therefore, the use of a Flector Patch 1.3%, #60 is not medically necessary or appropriate.

Tizanidine 4 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants Page(s): 63.

Decision rationale: The requested prescription of tizanidine 4 mg #60 is not medically necessary or appropriate. The MTUS Guidelines do not recommend the extended use of muscle relaxants. The MTUS Guidelines recommend a treatment duration of 2 to 4 weeks. The request as it is written extends treatment beyond guideline recommendations. Additionally, the clinical documentation submitted for review does indicate that the employee has previously been on muscle relaxants for an extended duration. Therefore, the continued use would not be supported. As such, the requested tizanidine 4 mg #60 is not medically necessary or appropriate.