

Case Number:	CM13-0059973		
Date Assigned:	07/02/2014	Date of Injury:	05/04/1995
Decision Date:	08/05/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, 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 75-year-old female who reported an injury due to repetitive motions of her upper extremities on 05/04/1995. In the clinical notes dated 08/28/2013, the injured worker complained of pain to her cervical spine, bilateral shoulders, and bilateral hands/wrists. It was noted that the injured worker rated her cervical spine pain level at 7-8/10 with the pain radiating through the shoulders bilaterally, extending to the upper arms. It was also noted that the injured worker rated her pain level to the bilateral shoulders at a 9/10. The injured worker's prescribed medications included Flexeril, Lopressor, Zestril, Zestoretic, Norvasc, and Glu-Control. Prior treatments included physical therapy and prescribed medications. The physical exam of the cervical spine revealed tenderness to the cervical paraspinals and mild spasm. Range of motion was annotated as extension 40 degrees and rotation 60 degrees to the right and 60 degrees to the left. It was noted there was a negative Spurling's maneuver test bilaterally. The physical examination of the bilateral shoulders revealed tenderness bilaterally about the biceps tendon as well as the acromioclavicular joint. The range of motion was annotated as abduction 150 degrees. It was noted that the injured worker was limited by pain. X-rays of the cervical spine were taken and revealed advanced arthrosis at C4-5, C5-6, and C6-7. It was also noted that osteophytes were present and motion was present. There was no autofusion. AP and lateral views of the injured worker's left shoulder taken revealed type 3 acromion with significant hypertrophy of the acromioclavicular joint. There was also calcific tendonitis and what appeared to be calcific free body in the anterior subacromial space. The AP and lateral views of the right shoulder taken revealed type 3 acromion. It was noted there was lesser acromioclavicular joint hypertrophy. It was also noted there was no significant glenohumeral arthrosis. The diagnosis included cervical strain, bilateral shoulder strain, and bilateral carpal tunnel syndrome. The treatment plan included a request for physical therapy and prescriptions for Exoten-C lotion

0.002/10/20%, #113 mL to apply a thin layer 2 to 3 times a day, tizanidine 4 mg #120 one by mouth every 12 hours as needed for spasm, Proteolin #60 two by mouth twice a day for anti-inflammatory as it avoids some of the side effects associated commonly with anti-inflammatories, and tramadol ER 150 mg #60 one to two every day for pain. A Request for Authorization for Exoten-C lotion 120 mL apply thin layer 2 to 3 times a day was submitted on 08/20/2013. The Request for Authorization for tizanidine 4 mg #120 one by mouth every 12 hours as needed, and Proteolin #60 two by mouth twice a day was submitted on 08/28/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOTEN - C LOTION 0.002%10%20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105; 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Exoten-C contains methyl salicylate and menthol and capsaicin. Salicylate topicals are recommended and are significantly better than placebo in chronic pain. Capsaicin is recommended only as an option to injured workers who have not responded or are intolerant to other treatments. Menthol is not noted within the guidelines. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with the use of pain medications. There is also a lack of documentation of the injured worker's previous use of topical analgesics. Furthermore, the guidelines state that they do not recommend any topical analgesics if there is 1 or more drug that is not recommended, such as menthol. Therefore, the request for Exoten-C lotion 0.002%/10%/20% is not medically necessary.

TIZANIDINE 4MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain

cases, they show no benefit beyond NSAIDs in pain and overall improvement. Tizanidine is a centrally-acting alpha 2 adrenergic agonist that is FDA-approved for management of spasticity; unlabeled use for low back pain. In the clinical notes provided for review, it is indicated that the injured worker has been prescribed another muscle relaxant, Flexeril, of which it was noted that she used occasionally. There is also a lack of documentation of the efficacy of the muscle relaxant Flexeril that the injured worker has been previously prescribed. Furthermore, the rationale for an additional muscle relaxant is not documented. Therefore, the request for Tizanidine 4MG # 120 is not medically necessary.

PROTEOTIN 120MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: The Official Disability Guidelines (ODG) state that medical food is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established on medical evaluation. To be considered the product must, at a minimum, meet the following criteria: (1) The product must be food for oral or tube feeding; (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and (3) The product must be used under medical supervision. In the clinical notes provided for review, there is a lack of documentation of the specific use of Proteolin. Within the documentation provided, it is stated that the use of Proteolin is to be used as an anti-inflammatory; however, there is a lack of documentation of the injured worker having gastrointestinal issues to warrant the use of other anti-inflammatories such as NSAIDs. Therefore, the request for Proteotin 120MG #60 is not medically necessary.