

Case Number:	CM13-0068968		
Date Assigned:	05/07/2014	Date of Injury:	08/17/2012
Decision Date:	07/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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 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 patient is a 40 year old female who was injured on 08/17/2012. The mechanism of injury is unknown. Prior treatment history has included Naprosyn, tizanidine, and compound analgesic cream. Diagnostic studies reviewed include x-ray of cervical spine dated 09/26/2012 demonstrates rotommentary disc space at C5-C6 and intervertebral foraminal narrowing. There are no visible acute fractures. There is flattening of the sagittal cervical curve. There are no significant anterior listhesis or retrolisthesis seen upon flexion and/or extension. PR-2 dated 11/07/2013 reveals the same subjective and objective findings on exam note dated 10/28/2013. The patient's Medrox patch is discontinued. The patient began compound analgesic cream including tramadol, gabapentin, camphor and capsaicin. PR-2 dated 10/28/2013 indicates the patient presents for a follow up of her neck pain. It is noted the patient received authorization for a cervical epidural steroid injection. The patient continues to report benefit from the medication. She rated the intensity of her pain at 6/10. Objective findings on exam reveal muscle spasms of the cervical spine. There is tenderness in the cervical paraspinal region bilaterally and midline cervical region. The reflexes and biceps and brachioradialis are 2+ bilaterally. Shoulder elevation/abduction test is positive. The head compression test produces discomfort. Motor power of all muscle groups is 5/5 bilaterally. Her sensation is intact in C4-C5, C5-C6, C6-C7, C8 and T1 bilaterally. Range of motion of the cervical spine is decreased in extension, lateral tilting, and lateral rotation. The patient is diagnosed with cervical spine strain/sprain, cervical spine degenerative disc disease and cervical spondylosis. The treatment plan includes a scheduled cervical epidural steroid injection on 11/11/2013. The patient is instructed to continue Naprosyn 550 mg and continue tizanidine 4 mg and continue compound analgesic cream for symptomatic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG QHS #30: 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 Page(s): 66.

Decision rationale: Tizanidine is a muscle relaxant. Guidelines recommend muscle relaxants for short-term use for acute exacerbations of chronic pain. Long-term use is not recommended. There appears to be no additional benefit in combination with NSAIDs. The medical records document the patient was diagnosed with chronic neck pain, cervical spine sprain/strain, cervical spine degenerative disease, and cervical spine spondylosis. She has been taking Tizandine and naproxen on a chronic basis without documentation of significant functional benefit or pain reduction. Medical necessity is not established.

COMPOUND ANALGESIC CREAM (INGREDIENTS NOT LISTED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records document the patient was diagnosed with cervical spine sprain/strain, cervical spine degenerative disc disease, and cervical spine spondylosis. In the progress report dated 09/26/2013 the treating physician requested compound cream that contain Tramadol, gabapentin, camphor, and capsaicin. Gabapentin and tramadol are not recommended for topical application. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary according to the guidelines.