

Case Number:	CM14-0017956		
Date Assigned:	04/16/2014	Date of Injury:	05/14/2003
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 39-year-old male who reported injury on 05/14/2003. The mechanism of injury was not provided. The injured worker's medication history included Zanaflex 2 mg in 09/2012. The documentation of 11/14/2013 revealed the injured worker had continuing complaints of neck pain and stiffness with radiation to the upper extremities and some aching in the left hand and wrist. The physical examination revealed the injured worker had a positive Phalen's test bilaterally. The diagnoses included cervical radiculopathy, cervical spondylosis, peripheral neuropathy, bilateral carpal tunnel syndrome recurrent, and bilateral medial epicondylitis. The treatment plan included a paraffin wax machine with supplies for the injured worker's hand, a refill of Zanaflex 2 mg, 1 twice a day and topical Dendracin lotion 120 mL to apply as needed with 2 refills. It was indicated the injured worker noted functional improvement in pain relief with the adjunct of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 1 year. There was lack of documentation indicating objective functional improvement. The physician documented the injured worker had functional improvement in pain relief. Given the above, the request for Zanaflex 2 mg #60 is not medically necessary.

DENDRACIN LOTION 120ML WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 105, 111, 112.

Decision rationale: The California MTUS indicates that Topical Salicylates are recommended and 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. Benzocaine is similar to Lidocaine and Lidocaine is only recommended in a Lidoderm patch. Per the online drug insert, Dendracin includes methyl salicylate, benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The duration for use of the medication could not be established through supplied documentation. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Dendracin lotion 120 mL with 2 refills is not medically necessary.

PARAFFIN WAX MACHINE WITH SUPPLIES: 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), Forearm, Wrist, & Hand Chapter, Paraffin Wax Baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand Chapter, Paraffin Wax.

Decision rationale: The Official Disability Guidelines recommend paraffin wax baths for arthritic hands if they are used as an adjunct to a program of evidence based conservative care including exercise. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the paraffin wax bath as an adjunct to a program of evidence based conservative care. There was a lack of documentation indicating the injured worker had arthritic hands to support the necessity for the requested procedure. The request as submitted failed to

indicate the duration of use for the paraffin wax machine. Given the above, the request for paraffin wax machine with supplies is not medically necessary.