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| Case Number: | CM14-0111478 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 03/01/2006 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 and Rehabilitation 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 63-year-old female who reported an injury on 03/01/2006 due to cumulative trauma. On 06/06/2014, the injured worker presented with neck and low back pain. Current medications include verapamil, Lasix, warfarin, potassium, tramadol, and Tizanidine. Upon examination there was tenderness to palpation over the paraspinal musculature of the cervical region and the anterior neck. There was mild spasm on cervical range of motion and normal sensory testing. There was normal motor examination except for mild shoulder elevation weakness due to pain. There was a mild positive head compression and a negative Spurling's test. Examination of the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis. The paraspinal musculature was slightly tight bilaterally. There was tenderness to the buttock and the inability to fully squat due to pain. There was tenderness upon stress of the pelvis which indicated mild sacroiliac joint symptomology. The diagnoses were cervical discopathy, 2 level cervical arthrosis, status post cervical surgery, mild left shoulder strain, right shoulder impingement, mild right carpal tunnel syndrome, and lumbar disc protrusion. The provider recommended Norco, Tizanidine, FlurbiFlex cream, and TGHOT cream. The provider's rationale was not provided. The Request for Authorization form was dated 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guideline recommends the use of opioids for the ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is a lack of documentation of the efficacy of the prior use of Norco in the medical documents for review. As such, the request is not medically necessary.

Tizanidine 4mg #60 1 PO BID: Upheld

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

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

Decision rationale: The request for Tizanidine 4 mg with the quantity of 60 1 by mouth twice per day is not medically necessary. The MTUS Guidelines recommend muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain relief and overall efficacy appears to diminish over time. The use of some medications in this class may lead to dependence. There is lack of documentation of the efficacy of the prior use of Tizanidine. Guidelines recommend short term treatment and the provider's request for Tizanidine 4 mg with the quantity of 60 exceeds the guideline recommendations. As such, the request is not medically necessary.

FluriFlex 240gm cream (Flurbiprofen 15%/Cyclobenzaprine 10%): 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.

Decision rationale: California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, adrenergic receptor agonist, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. It is largely experimental in use with few randomized control trials to determine efficacy or safety as there is little to no research to support the use of many of these agents, the cream would not be indicated. Additionally, the provider did not indicate the

site that the cream is intended for, the frequency, or the quantity in the request submitted. As such, the request is not medically necessary.

TGHot 240gm cream Tramadol 18%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin .05%: Upheld

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

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

Decision rationale: California MTUS state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, muscle relaxants, adrenergic receptor agonist, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. It is largely experimental in use with few randomized control trials to determine efficacy or safety as there is little to no research to support the use of many of these agents, the cream would not be indicated. Additionally, the provider did not indicate the site that the cream is intended for, the frequency, or the quantity in the request submitted. As such, the request is not medically necessary.