

<b>Case Number:</b>	CM14-0114908		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Illinois. 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 60-year-old male who reported an injury on 10/01/2004. The injured worker reportedly sustained injuries to his shoulders, his back, neck, and knees after lifting a huge pot that started to drop. The injured worker's treatment history included medications, physical therapy, surgery, and a psychiatric consultation. The injured worker was evaluated on 03/27/2014, and it was documented that the injured worker complained pain in shoulders, knees, and back. Physical examination of the lumbar spine revealed no paraspinal, sacroiliac joint, or costovertebral tenderness. Range of motion in extension was 30 degrees, flexion was 80 degrees, left side bend was 30 degrees, left trunk rotation was 20 degrees, right side bend was 30 degrees, and right trunk rotation was 20 degrees. Motor strength was 5/5 bilaterally for the lower extremities. Medications included Norco 10/325 mg, tizanidine HCL 4 mg, Omeprazole 20 mg, and Terocin lotion. The provider noted the injured worker had no GI symptoms to include nausea, vomiting, diarrhea, and constipation. The provider failed to indicate VAS scale measurements while the injured worker was on medications. Diagnoses included unspecified disorders of bursae and tendons in the shoulder region, intervertebral disc disorder with myelopathy, unspecified region, and cervical spondylosis without myelopathy. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 & 66.

**Decision rationale:** The request is non-certified. The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. In addition, the guidelines do not recommend Tizanidine to be used for long term use. Given the above, the request for Tizanidine HCL 4mg #60 is non-certified.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The request is non-certified. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker is having gastrointestinal events; however, the provider failed to indicate the frequency of medication on the request that was submitted. There is lack of documentation of conservative care measures such as home exercise regimen; however, the provider failed to indicate long -term functional goals and pain medication management outcome measurements for the injured worker. Given the above, the request for Omeprazole 20mg #60 is non-certified.

**Terocin Lotion 2-5.0.025%-10%-25% #2:** Upheld

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

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

**Decision rationale:** The request is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine

(whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as physical therapy and pain medicine management outcome. In addition, request did not provide frequency, dosage, or location where the patches will be applied. As such, the request for Terocin Lotion 2-5.0.025%-10%-25% #2 is non-certified.