

<b>Case Number:</b>	CM14-0170108		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 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:

Patient is a 61 year-old female with date of injury 05/23/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/27/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and restricted range of motion with pain. Diagnosis: 1. Fibromyalgia 2. Hypertension 3. Depression 4. Herniation of lumbar intervertebral disc with radiculopathy 5. Lumbar facet joint pain 6. Accident at work 7. Obesity. The medical records supplied for review document that the patient has been taking Ibuprofen for at least seven months. Zanaflex and the Topical Pain Cream have been prescribed for two months. Medications: 1. Zanaflex 4mg, #60 SIG: two times a day2. Ibuprofen 800mg, #90 SIG: three times a day3. Pro-topical ointment cream- combination of: Lidocaine, Gabapentin, Tramadol, Clonidine, etc. SIG: apply two to three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg by mouth twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine (Zanaflex).

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

**Decision rationale:** Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg by mouth twice a day #60 is not medically necessary.

**Ibuprofen 800mg by mouth 3 times a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation of functional improvement. Ibuprofen 800mg by mouth 3 times a day #90 is not medically necessary.

**Pro-topical ointment combination of Lidocaine and Gabapentin and Tramadol, Clonidine, etc. apply 2-3 times a day:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Pro-topical ointment combination of Lidocaine and Gabapentin and Tramadol, Clonidine, etc. apply 2-3 times a day is not medically necessary.