MAXIMUS Federal Services

Case Number:	CM14-0021982		
Date Assigned:	05/09/2014	Date of Injury:	06/07/2007
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California and Tennessee. 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 injured on 06/07/07 as a result of cumulative trauma resulting in low back pain and gastrointestinal issues. Current diagnoses included chronic low back pain, irritable bowel syndrome by history, reflux, morbid obesity, osteoarthritis, obstructive sleep apnea, dyslipidemia/hypercholesterolemia, and hyperuricemia. Clinical documentation dated 12/27/13 indicated the injured worker complaining of lumbar spine, bilateral lower extremity, and bilateral upper extremity pain. The injured worker reported taking medications on PRN basis for pain and utilization of EMS unit on daily basis for approximately 30-40 minutes. Objective findings included painful range of motion of the lumbar spine, tenderness to palpation with spasm of lumbar spine, and positive straight leg raise. Medications included Ultram 50mg QD, gabapentin, and Motrin 800mg. Clinical documentation was handwritten and difficult to decipher. The initial request for Tizanidine 4mg #30 and Dendracin topical lotion 120 ml (date of service 12/30/13) was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TIZANIDINE 4MG #30 (DOS: 12/30/13): 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: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Tizanidine 4MG #30 (DOS: 12/30/13) cannot be established at this time.

RETROSPECTIVE REQUEST FOR DENDRACIN TOPICAL LOTION 120ML (DOS: 12/30/13): 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: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Therefore Dendracin Topical Lotion 120ML (DOS: 12/30/13) cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.