

Case Number:	CM14-0031721		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2009
Decision Date:	08/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/12/2014

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 and Rehabilitation, has a subspecialty certificate in Pain Medicine and is licensed to practice in California and Washington. 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 55-year-old female who reported an injury on 07/24/2009 that was caused by an unspecified mechanism. The injured worker's treatment included medications, pain management consultation, and an MRI. The injured worker was evaluated on 05/22/2014 and it was documented that the injured worker had low back pain to the right lower extremity, neck pain, and right upper trapezius area pain that had improved after receiving a trigger point injection. Objective findings revealed tenderness to palpation on paracervical muscles that was worse on the right side. Spurling's test was positive on the right side. The sensory examination of the upper extremities showed decreased sensation to light touch on right C4-5, C6-7, and C8 nerve distributions. The examination of the lumbar spine showed heel walk and toe walk were abnormal on the right side secondary to the pain. The reflexes on the right side are +1 for patellar and Achilles tendon compared to the left side which is a +2. The sensory examination of the lower extremity showed decreased sensation to light touch on right L4 nerve direction and tenderness to palpation on posterior superior iliac spine, sacroiliac joint, and facet joint. There was tenderness over the right piriformis muscle area. The straight leg raise test produced leg pain in the sitting position. Lumbar extension caused pain over the facet joints. Medications included Tizanidine 4 mg, Ibuprofen 800 mg, and compound analgesic cream. The provider noted the injured worker had continued good benefits from this compound cream. The provider failed to indicate VAS scale measurements after the injured worker takes medication.

The provider failed to indicate the injured worker having gastrointestinal symptoms. The diagnoses included low back pain with lumbar spine degenerative disc disease with radicular symptoms to the bilateral lower extremities, worse on the right side at L5 distribution; right

piriformis syndrome with impinged sciatic nerve; lumbar sprain/strain; neck pain with cervical spine degenerative disc disease at the level of C5-6 and C6-7 with 4 mm posterior disc protrusion at the level of C5-6 and 3 mm disc protrusion at the level of C6-7; radicular symptoms to the right upper extremity; and right upper extremity pain and weakness progressively since about 2 months ago with interruption of the patient's activities of daily living. The request for authorization dated on 05/31/2014 was for Tizanidine 4 mg, compound analgesic cream, and Omeprazole 20 mg; however, the rationale was 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:

30 Tablets of Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available).

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

Decision rationale: 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 low back pain. 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 30 tablets of Tizanidine 4mg is not medically necessary.

60 Capsules of Omeprazole 20mg: 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 Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAID's who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker is having gastrointestinal events and the provider failed to indicate the frequency of medication on the request that was submitted. There is no documentation of conservative care measures or a home exercise regimen. The provider failed to indicate long-term functional goals and medication pain management outcome measurements for the injured worker. Given the above, the request for 60 capsules of Omeprazole 20 mg is not medically necessary.

1 Jar of Compound Analgesic Cream 120g (Tramadol, Gabapentin, Capsaicin, Camphor and Menthol): 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 topical analgesics.

Decision rationale: 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. There is no evidence for the use of Tramadol as a topical product. Any compounded product that contains at least one or more drug class is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend the use of a topical product compound with two or more oral agents and found no efficacy or benefit over individual agents separately. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. The documentation submitted failed to indicate the injured worker's outcome measurements of conservative care measures such as physical therapy and pain medicine management outcome. In addition, the request did not provide frequency or the location where the compound cream should be applied. As such, the request for compound cream (Gabapentin, Cyclobenzaprine, and Tramadol) #180 grams is not medically necessary.