

Case Number:	CM14-0040228		
Date Assigned:	06/27/2014	Date of Injury:	02/19/2010
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The patient is a 41 year old female who was injured on 02/17/2010 when she reached out to catch papers that were falling off her desk. She fell with her arm outstretched on the floor. Prior medication history included Norco, gabapentin, triazolam, escitalopram, tizanidine, medroxin, and etodalac. Prior treatment history has included [REDACTED], physical therapy which was found to be helpful; and cognitive behavioral therapy and biofeedback-assisted relaxation therapy. Ortho evaluation dated 01/10/2014 reports the patient complained of constant burning in the left arm. She noted throbbing, shooting, and sharp pain and a feeling like her arm is coming out of its socket. She rated her pain as a 8-9/10 and a 10/10 at its worse. Objective findings on exam revealed tenderness to palpation of the cervical spine over the C5 to T1 midline area and over the left trapezius musculature. Range of motion revealed flexion to 30 degrees, extension to 40 degrees, lateral bending, (right/left) 30/30 degrees, rotation (right/left) 60/60 degrees. Deep tendon reflexes are +1 for biceps, triceps and brachioradialis. The left shoulder revealed tenderness over the anterior capsule. Range of motion revealed flexion and abduction to 140 degrees on the left; 180 degrees on the right; extension and adduction to 30 degrees on the left; 50 degrees on the right, internal and external rotation to 60 degrees on the left, and 90 degrees on the left. Bilateral wrists and hands revealed tenderness to palpation over the volar aspect of the left wrist. Range of motion of the wrist is full with flexion to 60 degrees bilaterally, extension to 60 degrees bilaterally; radial deviation to 20 degrees bilaterally and ulnar deviation to 30 degrees bilaterally. Impressions are degenerative disk disease of the cervical spine with radiculopathy, status post left shoulder arthroscopy, open rotator cuff exploration, decompression and repair with resection of distal clavicle, coracoacromial ligaments and acromioplasty, 08/16/2010; and mild tardy ulnar nerve palsy, left elbow, and mild carpal tunnel syndrome, left wrist. Diagnosis is chronic left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to ACOEM guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of chronic low back pain. Long-term use is not recommended. Tizanidine is FDA-approved for the treatment of spasticity. It is used off-label for low back pain, myofascial pain and fibromyalgia. However, in this case the patient is prescribed Tizanidine on a chronic basis. Provided records do not establish clinically significant functional improvement from use of this medication. The request is not medically necessary.

Medroxin-topical pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/73-medrox>.

Decision rationale: This is a request for Medroxin topical pain relief ointment, which appears to contain an NSAID, for a patient with chronic neck and left shoulder pain. However, according to MTUS guidelines topical NSAIDs are recommended after a failure of oral NSAIDs for short-term use, typically 4-12 weeks, for osteoarthritis in joints amenable to topical treatment. Topical NSAIDs are not recommended for the hips, shoulders, or spine. The request is not medically necessary.