

Case Number:	CM14-0044911		
Date Assigned:	09/05/2014	Date of Injury:	02/22/2012
Decision Date:	11/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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:

This is a 35-year-old male with a 2/22/12 date of injury. The mechanism of injury occurred when he was lifting some trash. According to a progress report dated 3/3/14, the patient was seen for reevaluation of his lumbar spine. The pain in his back is aching, stabbing, and throbbing all day, every day. He reported that his pain is unchanged. He stated that without his medications, it would be almost impossible to endure the type of work that he is doing. The patient works as a building and grounds worker, which involves, lifting, pushing, pulling, twisting, and turning every day. Objective findings include decreased range of motion of lumbar spine with paraspinal muscle spasms at the distal one-third, straight leg raise test positive. Diagnostic impressions are facet mediated pain, lumbar spine, status post L4-L5 and L5-S1 ablation on the left. Treatment to date includes medication management, activity modification, and epidural steroid injections. A UR decision dated 3/10/14, denied the requests for Tizanidine, TG-HOT, Fluriflex, and Relafen. Regarding Tizanidine, the injured worker does not currently have acute myospasm or breakthrough myospasm. Chronic usage increases the propensity for side effects. Regarding TG-HOT and Fluriflex, there are no upper gastrointestinal (GI) side effects following the use of multiple oral medications, which are well tolerated and effective. It is not practical to apply analgesic cream over multiple body parts with chronic pain. Regarding Relafen, there is no acute pain or exacerbation of pain or breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, according to the records reviewed, this patient has been on Tizanidine since at least 10/15/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Tizanidine 4mg #30 is not medically necessary.

TG-HOT bid topically: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER

Decision rationale: An online search has revealed that TG Hot is a topical analgesic containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of Tramadol, Gabapentin, or Capsaicin in a 0.0375% or higher topical formulation. A specific rationale identifying why TG Hot cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for TG-HOT bid topically is not medically necessary.

Fluriflex bid topically alternate to the TG-HOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 25, 28, 111-113.

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and Official Disability Guidelines (ODG). A specific rationale identifying why Fluriflex cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Fluriflex bid topically alternate to the TG-HOT is not medically necessary.

Relafen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 67. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, NSAIDS

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the records provided for review, the patient has stated that his medications allow him to perform his job. Guidelines support the use of NSAIDs with documentation of functional improvement. Therefore, the request for Relafen 500mg #60 is medically necessary.