

<b>Case Number:</b>	CM14-0052437		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Physical Medicine and Rehabilitation 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 with a date of injury of 1/20/12. A utilization review determination dated 4/10/14 recommends non-certification of Ketoprofen and Tizanidine. It referenced a 4/1/14 medical report identifying chills, muscle aches, weakness, and back pain, but the patient was also noted to have the stomach flu at that time. There was apparently no physical examination noted. The 2/25/14 medical report identifies mid back pain 5/5 with stiffness, spasms, and interference with sleep due to pain. On exam, no abnormal findings are noted. The patient was noted to be receiving Norflex and Relafen from other providers. Robaxin and Tramadol ER were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

**Decision rationale:** Regarding the request for ketoprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient

was noted to have recently been taking another NSAID given by a different provider. There was no documentation of the efficacy (or lack thereof) of that other NSAID. Additionally, the documentation does not identify a rationale for changing to a different NSAID, and the concurrent use of multiple NSAIDs would be redundant. Given the lack of clarity regarding the above issues, the currently requested ketoprofen is not medically necessary.

**Tizanidine 4 mg Quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the patient was noted to have recently been taking another muscle relaxant given by a different provider. There was no documentation of the efficacy (or lack thereof) of that other muscle relaxant. Additionally, the documentation does not identify a rationale for changing to a different muscle relaxant, and the concurrent use of multiple NSAIDs would be redundant. Furthermore, there is no documentation of an acute injury or acute exacerbation to support the use of a muscle relaxant as well as failure of first line therapy. Given the lack of clarity regarding the above issues, the currently requested tizanidine is not medically necessary.