

Case Number:	CM14-0053595		
Date Assigned:	07/07/2014	Date of Injury:	02/22/2011
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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:

This is a 42-year-old male with a 2/22/11 date of injury. The mechanism of injury was when he was working as a corrections officer and was assaulted by a prisoner. According to a 6/25/14 progress report, the patient stated that he had whooping cough for two months. He stated that he is always looking around, if someone moves too quickly, he goes into a defense position. Certain things freak him out, like flashing lights. Objective findings: depression secondary to physical pain in lower back and right wrist and an inability to work, continues to be hypervigilant, startled by sudden movements or noises, anxious when he sees an ex-inmate with tattoos. Diagnostic impression: posttraumatic stress disorder. Treatment to date: medication management; activity modification. A UR decision dated 4/18/14 denied the requests for Voltaren gel and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel Topical 1% QTY: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. A UR decision dated 4/11/14 certified a request for Voltaren gel with 2 additional refills. It is unclear why the provider has submitted this request at this time. Therefore, the request for Voltaren Gel Topical 1% QTY: 5 is not medically necessary.

Tizanidine 4 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 LBP cases, they show no benefit beyond 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. A UR decision dated 4/11/14 certified a request for tizanidine 60 tablets with 2 refills. It is unclear why the provider is submitting this request at this time. Therefore, the request for Tizanidine 4 mg #180 is not medically necessary.