

Case Number:	CM14-0065207		
Date Assigned:	07/11/2014	Date of Injury:	02/25/2008
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Medicine and is licensed to practice in Texas. 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 51 year old female injured on 02/25/08 due to undisclosed mechanism of injury. Diagnoses included cervical strain with radiculopathic findings in bilateral upper extremities, Reflex sympathetic dystrophy (RSD) of right forearm laceration over the median nerve, thoracic intervertebral disc herniation's, muscle spasm, lumbosacral strain, opiate pain management, sleep dysfunction, and opiate taper. Activities of daily living remained improved due to current medications with ability to shop, do laundry, and make her bed. The injured worker also had decrease in amount of time it took to shower with current medication regimen which included Ritalin, Lamictal, Nucynta ER, Wellbutrin XL, Norco 10/325mg, Tizanidine, docusate, and Pennsaid solution 2%. All medications affected her with an increase in function or decrease in pain by 50% in all areas. The initial request for Tizanidine 4mg #60 and Pennsaid solution 2% #1 bottle was non-certified on 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Tizanidine 4mg #60 cannot be established at this time.

Pennsaid Solution 2% #1 bottle: Upheld

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

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

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for Pennsaid Solution 2% #1 bottle cannot be recommended as medically necessary at this time.