

<b>Case Number:</b>	CM14-0071134		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 42-year-old female injured on 08/14/12 due to repetitive use of upper extremities while performing duties working on a computer. Current diagnoses include right shoulder impingement syndrome, right carpal tunnel syndrome, status-post left carpal tunnel release, musculoligamentous strain of cervical spine, extreme morbid obesity, low back pain, and possible sural nerve injury to the right foot. Clinical note dated 01/07/14 indicates the injured worker presented complaining of right shoulder pain in addition to pain, numbness, and tingling in the right hand and wrist. The injured worker also complained of a recent exacerbation of right-sided low back pain associated with muscle spasm. Physical examination of the lumbar spine revealed tenderness in the right side of the lumbar paravertebral musculature with active spasm, decreased range of motion, decreased range of motion with positive impingement sign on the right shoulder, pain elicited with testing of the supraspinatus tendon against resistance, decreased sensation to pinprick over the lower aspect of the thumb, index, and middle fingers of the right hand/wrist, and Phalen's test was positive. Documentation indicates the injured worker received 60mg Toradol injection IM during office visit. The injured worker was scheduled to undergo right shoulder surgery on 02/13/14 and will likely require carpal tunnel release. Medications prescribed included Norco 10-325mg bid prn, Zanaflex 2mg bid, and P4 compounded medication. The initial request for Zanaflex 2mg twice daily #60 with 2 refills, P4 topical compound 120g 2x daily with 2 refills, and Norco 10-325mg x 1 month was initially not granted on 07/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg BID #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)Antispasticity/Antispasmodic drugsTizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** 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. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Therefore, the medical necessity of Zanaflex 2mg twice #60 with 2 refills cannot be established at this time. The request is not medically necessary.

**P4 Topical Compound 120gm twice daily with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.bbpharmacy.com/paincompounding.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, Chronic Pain Medical Treatment Guidelines, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains multiple which have not been approved for transdermal use. Therefore, P4 Topical Compound 120gm twice daily with 2 refills cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines. The request is not medically necessary.

**Norco 10/325mg x one month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg x one month cannot be established at this time. The request is not medically necessary.