

<b>Case Number:</b>	CM14-0074369		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 49 year old female who reported to have sustained multiple injuries as a result of a slip and fall from a stool on 08/04/08. She was ultimately found to have sustained a meniscal tear and was taken to surgery and underwent arthroscopy. She is noted to be working full time. Per a clinical note dated 03/26/14, the injured worker's visual analog scale scores 8/10 without medications and 4/10 with. Her medication profile includes Tizanidine 4mg, Norco 10/325mg, and Tramadol 50mg. On physical examination, she is noted to have tenderness over the paravertebral muscles bilaterally. There is spinous process tenderness noted at L5 and S1. Gaenslen's test was positive. Lumbar facet loading is negative bilaterally. Straight leg raise was positive bilaterally. There is tenderness over the bilateral SI joints. Motor strength is graded as 5/5, sensation is diminished along the S1 dermatome. Deep tendon reflexes are 1+ and symmetric. The record contains a utilization review determination dated 05/15/14 in which request for Tizanidine 4mg, Norco 10/325mg, Tramadol 50mg, and a topical compounded cream: diclofenac 3%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, tetracaine 2%: 2 pumps four times a day was partially approved for tizanidine 4mg #60 and Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg 1 tab bid #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for tizanidine HCL 4mg 1 tab bid #60 is medically necessary. The submitted clinical records indicate that the injured worker has substantive relief from the use of tizanidine. Serial examinations document the presence of mild spasm. As such the continuation of this medication would be supported and therefore medically necessary.

**Norco 10-325 lab 1 bid #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Norco 10/325mg 1 tablet bid #60 is medically necessary. The submitted clinical records indicate that the injured worker has substantive relief from this medication. She is noted to be working full-time. There is no evidence of aberrant behavior. As such the medical necessity for this medication is established.

**Tramadol HCL 50mg 1 bid #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for tramadol HCL 50mg 1 twice a day #60 is not supported as medically necessary. The injured worker is currently on an opioid medication. This represents a redundant prescription. Further, the record does not provide any data as to the potential benefits provided by this synthetic opioid medication. As such, the medical necessity for this medication is not established.

**Topical Compound Cream: Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2%: 2 pumps qid:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded medications.

**Decision rationale:** The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: baclofen 2%, cyclobenzaprine 2%, and gabapentin 6% which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.