

Case Number:	CM14-0078209		
Date Assigned:	07/18/2014	Date of Injury:	07/30/1998
Decision Date:	10/09/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 a date of injury of 07/30/1998. The mechanism of injury was reported as a lifting injury. The injured worker had diagnoses of cervical facet syndrome, cervical disc disorder, lower leg joint pain, chronic pain syndrome, and shoulder joint pain. Prior treatments included cold therapy, pool therapy, physical therapy, and injections. The injured worker had an x-ray on 08/22/2013. Surgeries included right ankle arthroscopy on 10/08/2007, reconstructive ankle surgery on 06/15/2009, left shoulder arthroscopy on 01/07/2010, right shoulder replacement in 08/2011 and a right shoulder arthroscopy on 12/06/2002. The injured worker had complaints of bilateral foot and ankle pain. The clinical note dated 04/30/2014 noted the injured worker had mild neurotic tenderness to palpation of the left lower extremity over the flexor retinaculum at the medial-inferior leg and ankle. Palpation and percussion over the tarsal tunnel elicited a positive Tinel's and Valleix's sign with +1-2 edema present. There was mild neurotic tenderness to palpation at the abductor hiatus at the medial aspect of the heel and proximal arch over the medial plantar nerve/lateral plantar nerve (MPN/LPN) of the left foot. Palpation and percussion over the MPN/LPN elicited positive Tinel's and Valleix's signs with +1-2 edema. The injured worker had moderate tenderness to palpation about the medial and middle slips of the left plantar fascia with positive crepitation, slight increased warmth and +1 edema. Moderate tenderness to palpation at the medial longitudinal arch of the right plantar fascia, moderate tenderness to palpation at the left lateral subtalar joint tarsal sinus with crepitation, +1-2 edema and increased warmth, the pain increased with active and passive inversion/eversion range of motion. Medications included Flector patch, Norco, Cymbalta, Morphine, Topamax, Tizanidine and Zipsor. The treatment plan included a foot orthoses evaluation, the physician's recommendation for corticosteroid injections, continuation of icing, elevating and massaging the ankle, performing home exercises, to wear

supportive athletic shoes, wear night splints, to wear foot orthoses and a right foot and ankle x-ray. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Zipsor 25mg #60 is not medically necessary. The injured worker had complaints of bilateral foot and ankle pain. The California MTUS guidelines recommend NSAID's at the lowest dose for the shortest period in patients with moderate to severe pain, usually 2-3 weeks. Zipsor (diclofenac) is indicated for the treatment of the signs and symptoms of osteoarthritis in patients at high risk for developing NSAID-induced gastric or duodenal ulcers and their complications. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. The guidelines recommend the use of Zipsor in patients with moderate to severe pain; however, there is a lack of documentation indicating the severity of the injured worker's pain. The injured worker is noted to have been prescribed Zipsor since the 11/12/2013 examination, which exceeds the recommended guidelines of a short-term use. There is a lack of documentation indicating the injured worker has osteoarthritis or NSAID induced gastric or duodenal ulcers for which the guidelines recommend the use of Zipsor. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms for which the medication would be indicated. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The request for Tizanidine 2mg #30 is not medically necessary. The injured worker had complaints of bilateral foot and ankle pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in patients with chronic low back pain. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Tizanidine is FDA approved for management of spasticity. There is a lack of documentation the injured worker had spasticity upon examination, as well as, a lack of documentation indicating the injured worker has chronic low back pain for which the guidelines recommend usage. Furthermore, the injured worker is noted to have been prescribed Tizanidine since the 03/06/2014 examination, this exceeds the guideline recommendation of a short-term treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.