

Case Number:	CM14-0088907		
Date Assigned:	07/23/2014	Date of Injury:	06/03/1984
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 72-year-old female who reported injury on 06/03/1984. The mechanism of injury was a slip and fall. Prior therapies included physical therapy and a TENS unit as well as medications. Prior medications include Tizanidine Hydrochloride 2 mg capsules 1 twice a day for spasms, Gabapentin, Tramadol Hydrochloride 50 mg tablets 2 every 8 hours as needed for pain, EnovaRX-ibuprofen 10% kit apply as directed 3 times a day, Flector 1.3% patch apply twice a day, Tegaderm 5 and 1/8 by 6 inch dressing apply as directed to keep Flector patch in place, Align Probiotic, buspirone 5 mg, Cartivisc 500/200/150 mg, Gabapentin 100 mg, Latanoprost 0.005%, Oysco 500 mg, Prilosec over-the-counter 20 mg tablets, Protopic 0.1%, Vmeclizine 25 mg, and Zaditor 0.025% eye drops. Some dosages and strengths were not provided. The documentation of 04/11/2014 revealed the patient had complaints of neck pain radiating down the right upper extremity, low back pain radiating to the bilateral lower extremities, upper extremity pain bilaterally into the shoulders and lower extremity pain bilaterally in the hips, heels, and legs. The pain was noted to be 6/10 with medications and 10/10 without medications. The physical examination revealed the injured worker had tenderness to palpation in the spinal vertebral area at L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. The diagnoses included cervical radiculitis, lumbar radiculitis, anxiety, depression, medication related dyspepsia, and chronic pain other. The injured worker was noted to be CURES appropriate. The treatment plan included a gym membership for 1 year for a swimming pool exercise, Tommie Copper compression wear, bilateral knee supports, women's gloves, wrist compression sleeve, Active Fit V Neck Shirt and compression shorts as well as a renewal of Tizanidine, Tramadol, and new prescriptions for Tegaderm film 1 box and EnovaRX-ibuprofen gel as needed 3 times a day and Flector patch 1 twice a day. Flector patch was a refill as well. The documentation indicated that a Flector patch was prescribed for pain as

the injured worker was unable to tolerate oral non-steroidal anti-inflammatory drug (NSAIDs). The injured worker had a trial of Flector patch and reported significant reduction in pain with functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tommie copper compression wear to include (bilateral knee support, women's gloves, wrist compression sleeve, active fit V neck shirt and compression shorts): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Compression Garment.

Decision rationale: The Official Disability Guidelines indicate that compression garments are effective in the management of telangiectasis after sclerotherapy, varicose veins, and pregnancy, and the prevention of edema and deep vein thrombosis. There was a lack of documented rationale for the requested garments. Additionally, the garments would not be considered medical necessity. Given the above, the request for Tommie Copper compression wear to include bilateral knee support, women's gloves, wrist compression sleeve, Active Fit V Neck Shirt and compression shorts is not medically necessary.

Tizanidine HCL 2 mg BID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The duration of use could not be established; however, it was noted this medication was for a refill. Additionally, there was a lack of documentation indicating a necessity for 180 tablets as twice a day dosing would equal 60 tablets. Given the above, the request for Tizanidine hydrochloride 2 mg twice a day #180 is not medically necessary.

Enorvarx-Ibuprofen 10% kit TID #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Topical NSAID Page(s): page 111.

Decision rationale: Topical non-steroidal anti-inflammatory drug (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The clinical documentation submitted for review failed to provide a necessity for 2 topical analgesics. Documentation indicated the injured worker was utilizing a Flector patch. There was a lack of documentation of osteoarthritis to support the use of the medication. Additionally, the body part that was to utilize the kit was not provided, as it is not recommended for the spine, hip or shoulder. Given the above, the request for EnovaRX-ibuprofen 10% kit 3 times a day #1 is not medically necessary.