

<b>Case Number:</b>	CM14-0095714		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with a 1/28/04 date of injury. According to an unclear progress report dated 6/3/14, the patient reported continued low back pain that was worse in the morning, rated 9/10, and reduced to an 8/10 with medications. His left shoulder pain persisted, rated as a 4/10 at rest, and increased to a 7/10 when reaching at or above the shoulder level. Objective findings: cervical spine range of motion fairly full in all planes with grimacing, limited lumbar spine range of motion, limited left shoulder range of motion, tenderness to palpation of left shoulder, paracervical, and paralumbar with spasm at lumbar paracervical. Diagnostic impression: lumbar spine sprain/strain, cervical spine sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/6/14 denied the requests for acetaminophen, tizanidine, and Ketogel, Kapishot, Cyclogel. Regarding acetaminophen, there was no documentation of subjective or objective benefit from the use of this medication. Regarding Tizanidine, this medication has apparently been utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. Regarding Ketogel, Kapishot, and Cyclogyl, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen 500mg 1 bid:** 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 Page(s): 11-12,61-17.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that Acetaminophen is indicated for treatment of chronic pain & acute exacerbations of chronic pain. In the present case, the patient presented with complaints of chronic pain, and guidelines support the use of acetaminophen in this setting. In addition, the patient reported improvement in his pain, with a reduction in his visual analog scale (VAS) score, from the use of medications. However, the quantity of medication requested is not specified. Therefore, the request for Acetaminophen 500mg 1 bid, as submitted, was not medically necessary.

**Tizanidine qty #90:** 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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain (LBP) cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, it is unclear how long this patient has been taking Tizanidine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Tizanidine qty #90 was not medically necessary.

**Ketogel, Kapishot, Cyclogel 1gm bid qty #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28,111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicines and Healthcare Products Regulatory Agency ([www.mhra.gov.uk](http://www.mhra.gov.uk))

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to an online search, KetoGel is a topical formulation containing ketoprofen. However, in the present case, guidelines do not support the use of ketoprofen in a topical formulation. The medical records provided for review did not document the active ingredients of Kapishot and Cyclogel. In addition, an online search could not identify the components of Kapishot and Cyclogel. Therefore, the request for Ketogel, Kapishot, Cyclogel 1gm bid qty #60 was not medically necessary.