MAXIMUS Federal Services

Case Number:	CM14-0096453		
Date Assigned:	09/15/2014	Date of Injury:	07/06/2010
Decision Date:	11/04/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Practice 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:

This case involves a 49-year-old female injured worker who sustained a work injury on January 11, 2012 involving the shoulder, elbow and knee. She was diagnosed with epicondylitis, chronic pain syndrome and a tear of the medial meniscus. Progress note on May 27, 2014, indicated she had 9/10 pain in the right hand, right upper extremity and pinching of the elbow. Exam findings were notable for reduced range of motion of both upper extremities and an antalgic gait. The injured worker has been on oral Ketoprofen and Tramadol for pain as well as topical Lidocaine gel and Voltaren 1 % gel. She was given Tizanidine for epicondyltis 4 mg BID 3 60 and continued on topical Voltaren gel for another month with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, # 60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGES 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): pg 68.

Decision rationale: Tizanidine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be

used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the injured worker had been given Tizanidine for over 2 month supple without noted response to symptoms. Therefore, this request is not medically necessary.

Voltaren 1 % 100gm gel, # 2, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/TOPICAL ANALGESICS Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics and Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory drugs (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. Voltaren is a topical NSAID and the continuation of Voltaren gel beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Voltaren gel is not medically necessary.