

Case Number:	CM13-0023757		
Date Assigned:	11/15/2013	Date of Injury:	04/03/2012
Decision Date:	12/21/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 70-year-old male, who sustained an industrial injury on 4-3-2012. The injured worker was being treated for lumbar strain with bilateral lower extremity radiculitis and facet pain. The injured worker (7-17-2013) reported upper, mid, and low back pain radiating down the lower extremities with numbness, tingling, and weakness in the lower extremities. The physical exam (7-17-2013) reveal tenderness to palpation of the lumbar paraspinals, spasm and guarding were present, and lumbar flexion of 40 degrees, extension of 20 degrees. The treating physician noted that extension caused more pain than flexion and bilateral bending of 20 degrees. Per the treating physician (7-17-2013 report), x-rays taken on this date showed mild spondylosis, mostly in the thoracolumbar junction and some instability at L3-4. Treatment has included physical therapy. Per the treating physician (7-17-2013 report), the injured worker could return to modified work duty. The treatment plan included Xoten-C Lotion 0.002 %-10 %-20%, Tizanidine 4mg, and Omeprazole 20mg. The treating physician noted that Omeprazole was prescribed, "To treat the stomach upset which sometimes occurs when he takes medication to treat his orthopedic problems." On 8-19-2013, the original utilization review non-certified requests for Xoten-C Lotion 0.002 %-10 %-20%, Tizanidine 4mg, and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C Lotion 0.002 %/10 %/20%, 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for xoten-c lotion, which is a topical formulation of capsaicin, methyl salicylate, and menthol applied to the skin. Topical analgesics are recommended as an option in specific situations and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. If any component of the compound is not recommended, the entire compound cannot be recommended as effective. There is no support for menthol. Regarding salicylate, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is unclear medical benefit of the request. Therefore, the request as submitted is not medically necessary.

Tizanidine 4MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for tizanidine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommended 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 in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Regarding tizanidine, one study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. Regarding the injured

worker, there is no clear documentation of myofascial pain or fibromyalgia. Prolonged use of muscle relaxants is not recommended. The request as submitted is not of clear medical benefit, and is therefore not medically necessary.

Omeprazole 20mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The request is for omeprazole, which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. While the injured worker is currently taking NSAIDs, prolonged use of NSAIDs is not recommended. Utilization review had changed the request to omeprazole #30 rather than #100, which would comply with the duration of NSAID use as recommended by the MTUS. The injured worker should be re-evaluated following 1 month of use. The request as written is not supported by the MTUS and is therefore not medically necessary.