

Case Number:	CM14-0189773		
Date Assigned:	11/20/2014	Date of Injury:	02/16/2005
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/16/05 when while working as an Analyst, she developed back pain while picking up a heavy box of records. Treatments have included cervical and lumbar epidural injections and lumbar medial branch radiofrequency ablation. She was seen on 02/18/14. Her pain was rated at 7/10 without medications and 2-3/10 with medications. She was noted to be exercising regularly and working full-time. Medications were Norco 10/325 mg times per day, Zanaflex, and Colace. A Urine drug screening was performed. On 08/05/14 there had been an increase in pain which was radiating into the left lower extremity. Physical examination findings included lumbar paraspinal muscle tenderness with positive left straight leg raise. Medications were refilled. Authorizations for massage therapy and a lumbar spine MRI were requested. On 09/30/14 she was having ongoing symptoms. Pain was rated at 4/10 with medications. She was no longer able to work. Medications were Norco 10/325 mg, Zanaflex, and Colace. Physical examination findings included lumbar paraspinal muscle tenderness with positive left straight leg raise. She was noted to ambulate with a limp. Gabapentin and Biofreeze gel were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 60 that was provided on 09/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Medications include Tizanidine being prescribed on a long-term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.

Biofreeze gel quantity 1 that was provided on 09/30/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Biofreeze cryotherapy gel

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. Biofreeze contains menthol which is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. It is recommended as an optional form of cryotherapy for acute pain. Guidelines indicate that, whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. In this case, the claimant was being treated for an exacerbation of her symptoms. Therefore the requested Biofreeze gel was medically necessary.