

Case Number:	CM14-0189994		
Date Assigned:	11/21/2014	Date of Injury:	01/12/2014
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, upper back, mid back, and low back pain reportedly associated with an industrial injury of January 12, 2014. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for naproxen, Flector patches, and Zanaflex. The claims administrator stated that its decisions were based on an October 21, 2014 progress note. The applicant's attorney subsequently appealed. In a July 24, 2014 progress note, the applicant reported persistent complaints of neck and mid back pain. Since becoming represented, the applicant had transferred care to a new primary treating provider (PDP). The applicant had reported ancillary complaints of depression. It was suggested that the applicant would be a good candidate for participation in a functional restoration program. In a medical progress note of the same date, July 24, 2014, the applicant reported 9/10 multifocal pain complaints, including low back pain, hip pain, neck pain, mid back pain, and upper back pain. The applicant was using Tizanidine, Norco, and loratadine. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On October 8, 2014, the applicant reported persistent complaints of neck, upper back, shoulder, and elbow pain, reportedly severe. The applicant stated that her medications were causing sedation. The applicant had returned to work with restrictions, it was suggested. The note was sparse. The applicant was returned to work with a 25-pound lifting limitation, at a rate of 20 hours a week. Flector and naproxen were endorsed. In a September 24, 2014 progress note, the applicant reported persistent complaints of neck, upper back, lower back, and shoulder pain, 9/10. Motrin was discontinued. Laboratory testing and Zanaflex were endorsed while the applicant was returned to work at a rate of 20 hours a week. The remainder of the file was surveyed. It did not appear that the October 21, 2014 progress note on which the medications at issue were prescribed was incorporated into the

Independent Medical Review packet. The October 21, 2014 progress note at issue did not appear on the claims administrator's Medical Evidence Log dated December 10, 2014, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30 date of request 10/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the cervical, thoracic, lumbar spines, body parts for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale for pursuit of topical Flector in the face of the tepid-to-unfavorable MTUS position on the same. While it is acknowledged that the October 24, 2014 progress note on which the article in question was prescribed was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

Zanaflex 4mg #30 date of request 10/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Tizanidine/Zanaflex Page(s): 7; 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the attending provider wrote on a progress note of October 8, 2014 that previously prescribed medications were causing drowsiness. The applicant was previously given Zanaflex on a September 24, 2014 office visit, implying that Zanaflex was, in fact, the offending drug responsible for the applicant's side effects of drowsiness. It was not clear why Zanaflex was subsequently prescribed, given the applicant's development of side effects with prior usage

of the same. While it is acknowledged that the October 21, 2014 progress note in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.