

Case Number:	CM14-0200669		
Date Assigned:	12/11/2014	Date of Injury:	06/02/2014
Decision Date:	01/28/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 66 year old female with the injury date of 06/02/14. Per physician's report 09/23/14, the patient has pain in her neck and right shoulder at 8/10. "Medications only help to control pain temporarily." The patient presents limited range of neck motion. Her cervical flexion is 20 degrees, extension is 10 degrees and rotation is 15 degrees bilaterally. There is tenderness over cervical spine and right wrist. Naproxen, Flurbiprofen 20%/ Tramadol 20% cream and Zanaflex were prescribed. The patient remains off work for 45 days. The lists of diagnoses are: 1) Cervical spine discopathy 2) Right wrist carpal tunnel syndrome 3) Right shoulder impingement syndrome Per 09/02/14 progress report, the patient woke up in the middle of the night with pain and numbness. X-ray 06/03/14 reveals straightening of the lordotic curvature with moderate degenerative changes including facet disease. The patient is taking Atenolol, Synthroid and Hydrochlorothiazide. Per 08/13/14 progress report, the patient has pain in her neck and right shoulder at 7/10. The patient is taking Anaprox and Orphenardine Ct. The utilization review determination being challenged is dated on 11/07/14. Treatment reports were provided from 05/07/14 to 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%, Tramadol 20%, 180 grams QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical analgesics: (<http://www.odg-twc.com/odgtwc/pain.htm#TreatmentProtocols>).

Decision rationale: The patient presents with pain and spasms in her neck and right shoulder. The request is for FLUBIPROFEN 20% / TRAMADOL 20%, 180 grams. MTUS guideline page 111 recommends Non-steroidal anti-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks)." ODG guidelines has the following regarding topical analgesics: (<http://www.odg-twc.com/odgtwc/pain.htm#TreatmentProtocols>) "There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. "In this case, none of the reports indicate that patient's osteoarthritis and tendinitis, in particular, that of the knee or other joints. Further, MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical Tramadol, the request IS NOT medically necessary.

Zanaflex 4mg tablet QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Cyclobenzaprine Page(s): 66, 64.

Decision rationale: The patient presents with pain and spasms in her neck and right shoulder. The request is for ZANAFLEX 4mg #90. The patient appears to have not tried Zanaflex in the past. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine (Zanaflex, generic available) and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient does not present with any of the indications for the use of this medication. There is no low back pain, no myofascial pain, no fibromyalgia and no spasticity. No spasms are documented either. The treater does not explain why this medication is being prescribed. The request IS NOT medically necessary.