

Case Number:	CM14-0209279		
Date Assigned:	02/26/2015	Date of Injury:	10/24/2000
Decision Date:	04/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Physical Medicine & Rehabilitation

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 year old female who sustained an industrial injury on 10/24/2013. Diagnoses include disc protrusion at C4-C5 measuring 3.8mm with bilateral neural foraminal stenosis, disc desiccation and loss of disc height at C3-C4, C4-C5, and C6-C7, status post anterior discectomy at C5-C6, disc protrusion at C6-C7 measuring 3.5mm, right greater than upper extremity cervical radiculopathy, flare up of left shoulder pain and impingement, disc herniation at L5-S1 measuring 5mm with left lateral recess stenosis, right lower extremity lumbar radiculopathy, chronic pain syndrome, chronic neck pain, chronic low back pain, chronic headaches, and myofascial pain. Treatment to date has included medications and a home exercise program. She is not currently attending physical therapy. A physician progress note dated 10/25/2014 documents the injured worker complains of constant pain in the neck, mid back, low back, left hip and headaches. All are rated 7-8 out of 10. Her neck and low back pain radiates to the bilateral upper and lower extremities with numbness and tingling. She also complains of anxiety, depression, stress and insomnia. She walks with an antalgic gait. Her cervical spine reveals tenderness and decreased range of motion. Treatment requested is for Zanaflex 2 mg one po tid prn # 90 with one refill, Flurbiprofen 15% , Baclofen 2%, Cyclobenzaprine, Final confirmation of urine drug test results, and Capsaicin 0.0375%-Menthol 5% Camphor 2% Tramadol 8% Gabapentin 10% Cyclobenzaprine 4% 180 gm, apply 1-2 gm to affected area 3-4 times per day. On 11/20/2014 Utilization Review non-certified the request for Zanaflex 2 mg one po tid prn # 90 with one refill to Zanaflex 2 mg one po tid prn # 90 with no refills and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment

Guidelines. The request for Flurbiprofen 15% Baclofen 2% Cyclobenzaprine was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for confirmation of urine drug test results was non-certified and cited was Official Disability Guidelines. The request for Capsaicin 0.0375%-Menthol 5% Camphor 2% Tramadol 8% Gabapentin 10% Cyclobenzaprine 4% 180 gm, apply 1-2 gm to affected area 3-4 times per day was non-certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg one po tid prn # 190 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 10/29/2014 report, this patient presents with constant headaches and constant pain in the neck, mid back, low back, and left hip, all rated 7-8/10. The current request is for Zanaflex 2 mg one po tid prn # 190 with one refill. The request for authorization is not included in the file for review. The patient's disability status is deferred to the primary treating physician. The MTUS guidelines page 66, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use which is not supported by MTUS. This medication was first noted in the 09/17/2014 report. The current request IS NOT medically necessary and the recommendation is for denial.

Flubiprofen 15% Baclofen 2% Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 10/29/2014 report, this patient presents with constant headaches and constant pain in the neck, mid back, low back, and left hip, all rated 7-8/10. The current request is for Flubiprofen 15% Baclofen 2% Cyclobenzaprine. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Regarding Baclofen, MTUS states Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-

induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. In this case, MTUS does not support Cyclobenzaprine, Baclofen, Tramadol, and Gabapentin as a topical product. The current request IS NOT medically necessary.

Capsaicin 0.0375%-Menthol 5% Camphor 2% Tramadol 8% Gabapentin 10% Cylcolbenzeprine 4% 180 gm, apply 1-2 gm to affected area 3-4 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 10/29/2014 report, this patient presents with constant headaches and constant pain in the neck, mid back, low back, and left hip, all rated 7-8/10. The current request is for Menthol 5% Camphor 2% Tramadol 8% Gabapentin 10% Cylcolbenzeprine 4% 180 gm, apply 1-2 gm to affected area 3-4 times per day. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also does not support gabapentin as a topical product. In this case, MTUS does not support Cyclobenzaprine, and Gabapentin as a topical product. The current request IS NOT medically necessary.

Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter under urine drug testing.

Decision rationale: According to the 10/29/2014 report, this patient presents with constant headaches and constant pain in the neck, mid back, low back, and left hip, all rated 7-8/10. The current request is for Final confirmation of urine drug test results. Regarding UDSs, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records do not indicate that the patient is currently on opiates. The provided reports show a recent UDS was done on 08/25/2014 but the treating physician did not explain why a UDS is needed when the patient is not on opiate therapy. Therefore, the request IS NOT medically necessary.