

Case Number:	CM15-0009689		
Date Assigned:	01/27/2015	Date of Injury:	12/01/1989
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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 57-year-old male patient, who sustained an industrial injury on 12/01/1989. A secondary treating office visit dated 12/16/2014 reported the patient presenting with chronic pain in his upper and lower back with radiation to bilateral upper and lower extremities accompanied with numbness and tingling. A magnetic resonance imaging performed on 11/21/2014 showed a 5 mm disc bulge, protrusion at L3-4 with mild facet arthropathy resulting in mild stenosis and mild to moderate bilateral neural foraminal narrowing. The study also found a 6 mm disc bulge at level L4-5 with mild bilateral facet arthropathy, mild spinal stenosis, and mild bilateral neural foraminal narrowing. In addition, the radiography found another 5 mm disc protrusion at L5-S1 and L2-3; disc desiccation also noted. The impression noted lumbosacral radiculopathy, lumbar sprain/strain, and cervical strain/sprain. On 01/05/2015 Utilization Review non-certified a request for Baclofen cream and Tizanidine Hydrochloride, noting the CA MTUS, Chronic Pain Guidelines, and Topical Analgesia was cited. The injured worker submitted an application for independent medical review of services on 1/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Cream 60gm #60 between 3/21/2011 and 3/21/2011: Upheld

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

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

Decision rationale: The patient presents with chronic upper and lower back pain rated 6/10 which radiates into the upper/lower extremities bilaterally and associated numbness and tingling. The patient's date of injury is 12/01/89. Patient has no documented surgical intervention directed at this complaint. The request is for BACLOFLEN CREAM 60 GM #60 BETWEEN 3/21/2011 AND 3/21/2011. The RFA for this request was not provided. Physical examination dated 12/16/14 revealed spasm and tenderness over the lumbar paravertebral muscles, decreased sensation over the L4-S1 dermatome distributions bilaterally, greater on the left. Spasm and tenderness was also noted to the cervical paravertebral muscles. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 12/16/14 discusses MRI performed 11/21/14 showing L3-S1 discopathy. Patient's current work status was not specified. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 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." MTUS Guidelines continue, there is currently one phase 3 study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical Baclofen. In regards to the request for Baclofen cream for the management of this patient's intractable chronic back pain, the requested topical ointment is not supported by guidelines. While MTUS does indicate that there are trials in progress evaluating compounded topical creams containing Baclofen, it is currently unsupported for standalone use. Therefore, this request IS NOT medically necessary.

Tizanidine Hydrochloride 4mg #60 between 3/21/2011 and 3/21/2011: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants;TizanidineMedications for chronic pain Page(s): 66, 60.

Decision rationale: The patient presents with chronic upper and lower back pain rated 6/10 which radiates into the upper/lower extremities bilaterally and associated numbness and tingling. The patient's date of injury is 12/01/89. Patient has no documented surgical intervention directed at this complaint. The request is for TIZANIDINE HYDROCHLORIDE #60 BETWEEN 3/21/2011 AND 3/21/2011. The RFA for this request was not provided. Physical examination dated 12/16/14 revealed spasm and tenderness over the lumbar paravertebral muscles, decreased sensation over the L4-S1 dermatome distributions bilaterally, greater on the left. Spasm and tenderness was also noted to the cervical paravertebral muscles. The patient's current medication

regimen was not provided. Diagnostic imaging was not included, though progress note dated 12/16/14 discusses MRI performed 11/21/14 showing L3-S1 discopathy. Patient's current work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain." In regards to the request for Tizanidine, it is unclear if this is an initiating request or a continuing one. Additionally the request seems to indicate that it is dated 03/21/11, though no reports before the year 2014 are provided for reference. Most recent progress note dated 12/16/14 does not specify if the patient is currently taking Zanaflex. The only mention of the muscle relaxant drug class is in the 11/18/14 progress note which specifies that this patient was prescribed Norflex, reporting: "The patient uses this medication very sparingly... When used, it does alleviate spasm significantly." It may be that the treater is replacing Norflex with Zanaflex. MTUS supports use of Zanaflex for chronic pain conditions. The request IS medically necessary.