

Case Number:	CM15-0104802		
Date Assigned:	06/09/2015	Date of Injury:	06/25/2013
Decision Date:	07/10/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56-year-old male, who sustained an industrial injury on 6/25/2013. He reported injury to the right hand while removing towels from a dryer. The injured worker was diagnosed as having cervical and lumbar radiculopathy, cervicgia, lumbago, right hand pain and right knee pain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of left facial palsy. Physical examination was not documented. The treating physician is requesting Tizanidine 2 mg #60 (prescribed 4/14/2015), Lidocaine 10%/Ketoprofen 10% cream (prescribed 4/14/2015) and urinalysis to verify medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #60 (prescribed 4/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex/Tizanidine, and muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg #60 prescribed April 14, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervicgia; cervical radiculopathy; lumbago; lumbar radiculopathy; right hand pain and right knee pain. Documentation from April 14, 2015 note subjectively states the injured worker had a recent left facial palsy and is receiving physical therapy. Objectively, there is no physical examination performed on the April 14, 2015 progress note date. There is no clinical indication or rationale for muscle relaxants (Tizanidine). It is unclear whether the muscle relaxant was started on April 14, 2015 or on a prior date. There is no documentation demonstrating objective functional improvement with muscle relaxants. Additionally, muscle relaxants are indicated for short-term (less than two weeks). The start date is unclear. The treating provider requested a quantity of #60 on April 14, 2015. This (#60 equivalent to a one-month supply) is in excess of the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation with objective functional improvement, clinical indication rationale (based on medical record documentation) and treatment in excess of the recommended guidelines (short-term use), Tizanidine 2mg #60 prescribed April 14, 2015 is not medically necessary.

Lidocaine 10%, Ketoprofen 10% cream (prescribed 4/14/15): 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 10%, ketoprofen 10% cream prescribed April 14, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervicgia; cervical radiculopathy; lumbago; lumbar radiculopathy; right hand pain and right knee pain. Documentation from April 14, 2015 note subjectively states the injured worker had a recent left facial palsy and is receiving physical therapy. Objectively, there is no physical examination performed on the April 14, 2015 progress note date. There is no documentation of neuropathic symptoms or signs. Topical lidocaine (in non-Lidoderm form) is

not recommended. Topical ketoprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (lidocaine 10% and ketoprofen 10%) that is not recommended is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine 10%, ketoprofen 10% cream prescribed April 14, 2015 is not medically necessary.

Urinalysis to verify medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urinalysis to verify medications is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervicalgia; cervical radiculopathy; lumbago; lumbar radiculopathy; right hand pain and right knee pain. Documentation from April 14, 2015 note subjectively states the injured worker had a recent left facial palsy and is receiving physical therapy. Objectively, there is no physical examination performed on the April 14, 2015 progress note date. The documentation shows the injured worker had multiple urine drug toxicology screens performed December 2014, January 2015 and February 2015. There are no risk assessments in the medical record. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. There is no clinical rationale for performing monthly urine drug toxicology screens. Additionally, the injured worker is not taking any opiates controlled substances that warrant frequent urine drug toxicology screens. Consequently, absent clinical documentation with a clinical indication and rationale for recurrent urine drug toxicology screens, aberrant drug-related behavior, drug misuse or abuse and no documentation of opiates controlled substances that require frequent, recurring your drug toxicology screens, urinalysis to verify medications is not medically necessary.