

Case Number:	CM15-0137267		
Date Assigned:	07/27/2015	Date of Injury:	10/04/2013
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 54 year old female who reported an industrial injury on 10/4/2013. Her diagnoses, and or impression, were noted to include: cervical degenerative disc disease with radiculopathy and cervicgia; lumbar degenerative disc disease with radiculopathy and lumbago; and left knee pain with degenerative joint disease and meniscal and anterior cruciate ligament tears. Recent magnetic resonance imaging studies of the lumbar spine were done on 8/11/2015, after this Utilization Review. Her treatments were noted to include: consultations; diagnostic studies; physical therapy; medication management with toxicology studies; and rest from work. The progress notes of 6/15/2015 reported continued severe pain in her neck, low back and knee that interfered with sleep; that she was awaiting authorization for left knee surgery; that she was currently not undergoing physical therapy; and that she had a recent fall. Objective findings were noted to include: no acute distress; positive left straight leg raise, Patrick's facet loading and Spurling's tests; decreased sensation to the bilateral hands and left medial ankle; diffuse weakness in the bilateral grips and left lower extremity; tenderness in the cervical and lumbar para-spinal musculature, the upper trapezius muscle, and scapular border; and crepitus with laxity in the left knee. The physician's requests for treatments were noted to include Tizanidine, Voltaren Gel and Celecoxib.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine tab 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine the prior months along with Norco and topical Lidocaine. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

Celecoxib cap 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celecoxib is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. In addition, the claimant was prescribed topical NSAIDS which can have systemic absorption similar to oral Celecoxib. The Celecoxib is not medically necessary.

Voltaren gel 1% #500: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical analgesics for several months including prior topical Lidocaine. Long-term use of topical analgesics is not recommended. There was no reduction in oral Norco or Celebrex while given the topical Voltaren. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.