

Case Number:	CM15-0161173		
Date Assigned:	08/28/2015	Date of Injury:	10/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 10-14-2014. Initial injuries occurred to his head, neck, upper and lower back, shoulder, and leg due to a motor vehicle accident when the worker was broadsided which caused him to lose control of the vehicle. Previous treatments included medications, diagnostics, and therapy. Previous diagnostic studies included urine toxicology screenings, x-rays, and MRI's. Urine toxicology screening performed showed inconsistent results. Report dated 07-21-2015 noted that the injured worker presented with complaints that included continued neck pain radiating to his bilateral upper shoulder area, worse on the left. Pain level was 2 out of 10 up to 6 out of 10 on a visual analog scale (VAS). Other complaints included radiating pain from his index to the left upper extremity associated with tingling and numbness, and continued low back pain radiating to his left lower extremity down to his left knee. Physical examination revealed positive facet loading on the left, Spurling's test was positive bilaterally, and tenderness to palpation over the left lumbar paraspinal muscles. Current diagnoses include cervicgia, cervical radiculopathy, cervical disc protrusion, cervical spondylosis, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, shoulder pain, and anxiety. The treatment plan included requests to continue Tramadol for break through pain, compound cream for symptomatic relief of pain, tizanidine for muscle relaxation, request for random urine drug screening, continued request for cervical epidural steroid injections, continued request for a referral to a psychologist for cognitive behavioral therapy, and return in 4 months. Disputed

treatments include compound analgesic cream containing flurbiprofen & lidocaine, Tramadol 50 mg Qty 60, and tizanidine 2 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Analgesic Cream containing Flurbiprofen & Lidocaine: 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 rationale: According to the California MTUS Guidelines, "Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants." According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains Flurbiprofen and Lidocaine. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In addition, Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Tramadol 50 mg Qty 60, 2 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and

documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, the injured worker has continued complaints that include neck pain radiating to his bilateral upper shoulder area, worse on the left, radiating pain from his index to the left upper extremity associated with tingling and numbness, and continued low back pain radiating to his left lower extremity down to his left knee. The prescribing physician did not include any documentation that supports functional improvement with the use of this medication. Furthermore, multiple urine drug screenings showed inconsistent results. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

Tizanidine 2 mg Qty 60, 1-2 table every night: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Documentation provided supports that the injured worker has been prescribed Tizanidine since at least 05/12/2015, there is no documentation submitted to support improvement in reducing pain or increasing function with the use of this medication. Physical examination dated 07/21/2015 did not reveal findings of muscle spasms. Medical necessity for the requested medication has not been established. Tizanidine is not medically necessary.