MAXIMUS Federal Services

Case Number:	CM15-0186712		
Date Assigned:	09/28/2015	Date of Injury:	11/22/2012
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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:

The injured worker is a 51 year old female who sustained an industrial injury on 11-22-2012. According to a progress report dated 08-14-2015, the injured worker had a history of chronic low back pain. She reported increased low back pain that radiated to the lateral gluteal and proximal thigh area. It was associated with numbness and tingling in the same area and along a dermatome distribution. This had not changed since the last visit. MRI for left hip and thigh had been denied. She was using Tizanidine and Ultracin topical gel. Physical examination demonstrated diminished light touch sensation in a L5 on the left side dermatomal distribution. There was a tender raised mass localized to the left greater trochanter and anterior to it. The mass appeared to be mobile. Diagnoses included fibromyositis, low back pain and chronic pain syndrome. The treatment plan included Tizanidine 4 mg #90 with 2 refills and Ultracin lotion 120 ml with 2 refills. The provider noted that the injured worker was not able to tolerate oral nonsteroidal anti-inflammatory drugs (NSAIDS) due to stomach pain and for this reason topical NSAIDS continued to be the best alternative. The provider noted that the injured worker continued to work with use of medications. An authorization request dated 08-19-2015 was submitted for review. The requested services included Tizanidine 4 mg 1 tab 3 times a day #90 with 2 refills and Ultracin lotion apply to affected area 2-3 times daily as needed 120 ml with 2 refills. On 08-25-2015, Utilization Review non-certified the request for Ultracin lotion 120 ml tube #1 and Tizanidine 4 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120ml tube #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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.Ultracin contains a topical NSAID. 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 does not have arthritis and long term use is not indicated. The claimant was using multiple topical NSAIDS, oral NSAIDS, muscle relaxants and opioids for several months. There are diminishing effects after 2 weeks. Although the claimant cannot tolerate oral NSAIDS, topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Ultracin is not medically necessary.

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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 muscle relaxants including Skelaxin in combination with Tizanidine the prior months in combination with NSAIDS. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.