

Case Number:	CM15-0193792		
Date Assigned:	10/07/2015	Date of Injury:	03/07/2005
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 7, 2005. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve requests for Skelaxin, tizanidine, and a topical compounded agent. The claims administrator referenced a September 15, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant reported ongoing complaints of neck pain, 8/10. The applicant had undergone two failed cervical spine surgeries. Ancillary complaints of low back pain were reported. Tramadol, Skelaxin, the topical compound in question, and tizanidine were all endorsed. No seeming discussion of medication efficacy transpired. Drug testing was sought. The applicant was asked to follow up with a surgeon and obtain a repeat cervical MRI. It was not explicitly stated whether the applicant was or was not working at this point, although this did not appear to be the case. On August 24, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints. On September 16, 2015, the applicant was, once again, placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

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

Decision rationale: No, the request for Skelaxin was not medically necessary, medically appropriate, or indicated here. Page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain. Here, however, the 60-tablet renewal request for Skelaxin implied chronic, long-term, and/or twice-daily usage of the same, i.e., usage in excess of the short-term role for Skelaxin is espoused, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tizanidine 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Similarly, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. Page 66 of the MTUS Chronic Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was seemingly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations. Here, however, the applicant was placed off of work, on total temporary disability via progress notes dated September 16, 2015 and August 24, 2015. The September 16, 2015 office visit failed to incorporate any seeming discussion of medication efficacy. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as tramadol, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. The attending provider, moreover, failed to state why he was furnishing the applicant with two separate muscle relaxants, namely tizanidine and the Skelaxin also at issue. Therefore, the request was not medically necessary.

Compound Analgesic Cream Containing Lidocaine 10% and Ketoprofen 10%, 120 grams, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: Finally, the request for a topical compounded lidocaine-ketoprofen-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, i.e., the secondary ingredient in the compound, is not FDA-approved for topical application purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.