

Case Number:	CM15-0198412		
Date Assigned:	10/13/2015	Date of Injury:	12/05/2002
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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

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:

This is a 54 year old male who sustained a work-related injury on 12-5-02. Medical record documentation on 9-9-15 revealed the injured worker was being treated for lumbar spine discopathy, left knee internal derangement and left shoulder internal derangement. He reported pain in the low back, lower extremities and left knee. He rated his pain an 8 on a 10-point scale (5 on 8-26-15). Objective findings included a slow gait with use of a cane for assistance. He was unable to heel-toe walk. He had acromioclavicular joint tenderness and crepitus. His left shoulder range of motion was reduced due to pain. He had abduction to 90 degrees and forward flexion to 120 degrees. He had midline tenderness and right paralumbar muscle spasm to the thoracic spine. He had reduced range of motion of the lumbar spine with right lateral bending to 5 degrees and left lateral bending to 10 degrees. His extension was 5 degrees and forward flexion to 10 degrees. Straight leg raise was positive at 50 degrees and sciatic stretch sign was positive. He was participating in physical therapy for his elbows and acupuncture therapy. A pain management evaluation on 8-26-15 indicated the injured worker used Norco for pain and had failed Cymbalta and gabapentin. A request for Tizanidine 4 mg #60 and Transdermal cream of Flurbiprofen-gabapentin-capsaicin-camphor-menthol 10-10-0.25-2-2%, 180 grams was received on 9-24-15. On 9-25-15, the Utilization Review physician modified Tizanidine 4 mg #60 to Tizanidine 4 mg #45 and Transdermal cream of Flurbiprofen-gabapentin-capsaicin-camphor-menthol 10-10-0.25-2-2%, 180 grams was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #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 Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case there is documentation of an acute exacerbation of muscle spasms and there is no evidence of muscle relaxant use in the past year. However, this medication is intended for very short term use and the request for 60 tablets does not imply short term use. The request for Tizanidine 4mg #60 is determined to not be medically necessary.

Transdermal cream: Flurbiprofen/Gabapentin/Capsaicin/Camphor/Menthol 10/10/0.025/2/2%, 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical Flurbiprofen is not an FDA approved formulation. The MTUS Guidelines do not recommend the use of topical gabapentin, as there is no peer-reviewed literature to support use. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for transdermal cream: Flurbiprofen/ Gabapentin/Capsaicin/Camphor/Menthol 10/10/0.025/2/2%, 180 gm is determined to not be medically necessary.

