

Case Number:	CM15-0203908		
Date Assigned:	10/20/2015	Date of Injury:	03/23/2011
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 65-year-old male with a date of industrial injury 3-23-2011. The medical records indicated the injured worker (IW) was treated for failed fusion syndrome; spinal stenosis; lumbar spine degenerative disc disease; lower extremity radiculitis; and lumbar myospasms. At his 5-27-15 visit, he reported he went to the hospital for his medications due to severe low back pain and insurance denial of medications. On 7-6-15, he complained of increased pain and reported he went to the emergency room on 7-2-15. He had run out of Norco and had been unable to fill his prescription for Zohydro. In the progress notes (8-31-15), the IW reported no improvement in low back pain since the last visit. He stated his medications were beneficial. On examination (7-6-15 and 8-31-15 notes), the lumbar spine tenderness remained the same. His gait was slow and he required a walker. He was unable to heel-toe walk. Treatments included Zohydro 30mg, Norco 10 mg, Zanaflex 4mg (since at least 8-2015) and Ketoprofen 20% cream (previously used 5-2015 with benefit); aqua therapy (with benefit) and spinal cord stimulator (no benefit). A Request for Authorization dated 9-17-15 was received for Zanaflex 4mg, #90 and Ketoprofen 20% cream, 2oz. The Utilization Review on 9-23-15 non-certified the request for Zanaflex 4mg, #90 and Ketoprofen 20% cream, 2oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg TIF #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Muscle Relaxants.

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

Decision rationale: Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008)" MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" The available medical record does not clearly indicate that the IW is gaining relief from Zanaflex as pain and functional levels are not showing improvement despite long-term use, at least since 8/15. Further, the tizanidine is not intended as a first line therapy for musculoskeletal condition and there is no documentation of failure of first line therapies. Lastly, the duration of therapy would require the treating physician to provide a substantive rationale for continued, long-term therapy. As such, the request for Zanaflex 4mg #90 is not medically necessary.

Ketoprofen 20% cream, 2 oz: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. Further, per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." The available medical record notes the IW states he has received benefit from this topical in the past but no prior medical record is provided to demonstrate this. As such, the request for Ketoprofen cream is not medically necessary.