

Case Number:	CM15-0043179		
Date Assigned:	03/26/2015	Date of Injury:	04/30/2001
Decision Date:	09/30/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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, 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:

This is a 58 year old female patient who sustained an injury on April 30, 2001. The diagnoses include thoracic or lumbosacral neuritis or radiculitis; lumbago; cervicgia; other unspecified back disorder; degeneration of lumbar or lumbosacral intervertebral disc; unspecified myalgia and myositis; other unspecified disc disorder of the cervical region; other unspecified disc disorder of the thoracic region. Per the doctor's note dated 5/26/2015, she had complaints of low back pain with radiation to the both lower extremities; neck pain with radiation to the bilateral upper extremities. Per the progress note dated February 2, 2015 she had complaints of neck pain radiating to the upper extremities; mid back pain radiating to the chest wall; lower back pain radiating to the lower extremities. The physical examination revealed cervical spine tenderness; palpable trigger points in the muscles of the head and neck; slightly limited range of motion of the cervical spine secondary to increased pain, tightness, and stiffness; bilateral pain at L3-S1, worse on the right; tenderness over the lumbar spinous processes and interspaces at L3-S1; right and left sided pain with palpation of the sacroiliac joint areas; tightness, tenderness, and trigger points in the lumbar spine musculature; spasms in the lumbar spine musculature and gluteal muscles; limited range of motion of the lumbar spine secondary to increased pain, tightness, and stiffness; slow gait; ambulates with a limp using a cane; diminished sensation to touch over the L4, L5, and S1 nerve root distributions on the right. The medications list includes Norco, Percocet, Xanax, Zanaflex and topical analgesic creams. She has undergone knee surgery and appendectomy. She has had lumbar spine MRI in 12/2009. She has had trigger point injections and bilateral radiofrequency of the medial branch nerves at L3 to L5 in 5/2013. The treating physician documented a plan of care that included Zanaflex 4 mg #30, Flur-Gaba-lido rub, and Trama-Baclo rub.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

Decision rationale: Zanaflex 4 mg #30: According to MTUS guidelines "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. 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. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic low back, neck and mid back pain. The patient has significant objective abnormalities on the musculoskeletal physical examination- tenderness, trigger points and limited range of motion of the cervical and lumbar spine, spasm in the lumbar spine musculature and gluteal muscle. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #30 is deemed medically appropriate and necessary for this patient.

Flur/Gaba/lido rub: 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, pages 111-113.

Decision rationale: Flur/Gaba/lido rub: This is a request for topical compound medication. Flurbiprofen is an NSAID and gabapentin is an anticonvulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)". (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there

has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flur/Gaba/lido rub is not fully established for this patient.

Trama/Baclo rub: 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, pages 111-113 Baclofen is a muscle relaxant.

Decision rationale: Trama/Baclo rub: The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAID: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. "Baclofen: Not recommended". There is no peer-reviewed literature to support the use of topical Baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol and Baclofen are not recommended by the cited guidelines for topical use as cited, because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Trama/Baclo rub is not fully established for this patient.