

Case Number:	CM15-0057236		
Date Assigned:	04/02/2015	Date of Injury:	06/15/2009
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: New Jersey

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 49 year old female, who sustained an industrial injury on 6/15/2009. She reported an injury while lifting heavy plastic bags and twisting. The injured worker was diagnosed as having lumbar myoligamentous strain and bilateral sciatica. Lumbar magnetic resonance imaging showed lumbar disc protrusion. Treatment to date has included acupuncture, chiropractic care and medication management. In a progress note dated 1/21/2015, the injured worker complains of constant low back pain that radiates down the left lower extremity and epigastric pain. The treating physician is requesting Tizanidine, Tramadol/Acetaminophen and a compounded medication containing Flurbiprofen/Lidocaine/Menthol/Camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 1/21/15) 60 Tablets of Tizanidine 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the request for continuation of tizanidine is not medically necessary as there was insufficient reporting of functional gain related to its ongoing use and due to the indications for this medication being for short-term spasm. The request for 60 tablets suggests this was to continue chronic use, which is not recommended.

Retrospective (DOS 1/21/15) 60 Tablets of Tramadol/Acetaminophen 37.5-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation at the time of this request to show this full review was completed in order to justify the continuation of tramadol/acetaminophen. There was no report of continued functional gain and pain reduction (measurable) found in the notes available for review. Therefore, the request for continuation of tramadol/acetaminophen will be considered medically unnecessary at this time without this clear evidence of benefit.

Retrospective (DOS 1/21/15) 1 Compound medication; (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%): 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 Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for

osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, who was prescribed a combination topical analgesic which contained an NSAID (flurbiprofen), there was insufficient evidence of benefit from the ongoing use of this medication to warrant continuation. Also, the worker had spinal-related pain which is not an indication for topical NSAIDs. Also, records show that the worker was using Naproxen, and topical NSAIDs in conjunction with oral NSAIDs is redundant. Therefore, the request for the compounded medication (Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%) will be considered medically unnecessary.