MAXIMUS Federal Services

Case Number:	CM15-0084470		
Date Assigned:	05/06/2015	Date of Injury:	07/30/2009
Decision Date:	06/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old female who sustained an industrial injury on 7/30/2009. Her diagnoses, and/or impressions, are noted to include: strain/sprain of the lumbar spine; lumbar disc protrusion with facet arthropathy, degenerative disc disease & stenosis; lumbar radiculopathy of the left lower extremity; lumbar radiculitis and pain; lumbosacral spondylosis without myelopathy; muscle pain; chronic pain syndrome; myalgia and myositis; and thoracic or lumbosacral neuritis or radiculitis. Her treatments have included multiple diagnostic/imaging studies; a qualified medical evaluation, and re-evaluation (1/12/15); trans-cutaneous electrical nerve stimulation therapy; chiropractic treatments; home exercise program; sacroiliac joint epidural steroid injection therapy - ineffective; psychological evaluation and treatments; and medication management with urine toxicology screenings - consistent. Her history notes that Flexeril provides her significant relief from muscle spasms, over Zanaflex, with improved sleep and functionality. The progress notes of 3/24/2015 reported re-evaluation of her low back and leg pain that is unchanged and well managed with her taking her medications as needed. Reported was that her medications help reduce pain which improves her activities; that Flexeril makes her too sleepy so she is using Tizanidine (Zanaflex), and Ibuprofen, for acute flare-ups of muscle spasms, pain and inflammation; and that these are well tolerated. Objective findings are noted to include muscle pain without weakness; decreased sensation in the left lower extremity; tenderness in the lumbar paraspinals, left > right; increased lumbar pain with range-of-motion; and a positive straight leg raise on the left. The physician stated that her pain is reduced by 50% with the prescriptions for Norco and Tizanidine; and that Terocin helped her sleep without

having to take more oral medication, which resulted in a request for authorization for a similar product from an outside compounding pharmacy. The physician's requests for treatments were noted to include the continuation of Zanaflex, as needed for spasms, and a compound cream for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Section, Antispasmodic Section Page(s): 124, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedative medications. The records indicate that the patient had utilized Zanaflex for a longer period than the guidelines recommended maximum duration of 4 to 6 weeks. There is a history of previous interactions with other muscle relaxants. The patient is utilizing opioids and other sedative medications concurrently. The criteria for the use of Zanaflex 4mg #60 was not met. The request is not medically necessary.

Diclofenac 3%, Baclofen 2%, Bupivicaine 1%, DMSO 4%, Gabapentin 6%, Ibuprofen 3%, Pentoxifyline 3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of neuropathic pain such as CRPS. There is no documentation of failure with oral formulations of first line medications. The guidelines recommend that topical products be utilized individually for effective evaluation of efficacy. There is no guidelines or FDA support for the utilization of oral formulations of gabapentin, bupivacaine, ibuprofen or baclofen for the treatment of chronic musculoskeletal pain. The criteria for the use of topical diclofenac 3% / baclofen 3% / bupivacaine 1% / DMSO 4% / gabapentin 6% / ibuprofen 3% / pentoxifyline 3% was not met. The request is not medically necessary.