

<b>Case Number:</b>	CM15-0087728		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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:

The injured worker was a 52-year-old female, who sustained an industrial injury, October 12, 2012. The injured worker previously received the following treatments Tizanidine, Voltaren cream, Gabapentin, Naproxen, Zanaflex, chiropractic therapy, random toxicology laboratory studies which were negative for any unexpected findings, cervical epidural injection of C7-T1, bilateral C4, C5, C6 medial branch block on January 22, 2015, cervical spine MRI, cervical spine x-ray, left shoulder MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities and Omeprazole. The injured worker was diagnosed with cervicgia, lumbago, depression and headaches, cervical radiculopathy, cervicogenic headache, carpal tunnel syndrome, history of trigger finger release, gastritis, left hand pain and cervical disc protrusion. According to progress note of January 5, 2015, the injured workers chief complaint was neck pain with aching in the neck and shoulders. The injured worker had limited range of motion to the right arm. The injured worker was having trouble with sleeping and constipation. The injured worker was anxious. The physical exam noted Spurling's testing was positive. There was decreased sensation to light touch in the left hand. There was weakness noted in the left grip and triceps. There was tenderness to palpation noted over the left palm as well as the paraspinal muscles, upper trapezius and scapular border. The Hawkins and cross body test were positive on the left shoulder. The treatment plan included prescriptions for Tizanidine and Voltaren cream and urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Section, Weaning of Medications Section Page(s): 63, 66, 124.

**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. The injured worker has been using Tizanidine since at least October 2014 yet there is no documentation of the efficacy of the medication. Additionally, there is no objective evidence on physical exam of muscle spasm or tension. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 2 mg #30 is determined to not be medically necessary.

**Voltaren Cream 1%, 4g #5 Tubes:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. However, there is a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured worker has been prescribed Voltaren cream since at least October 2014 without any documentation of efficacy. The request for Voltaren Cream 1%, 4g #5 Tubes is determined to not be medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is not prescribed opioid pain medications at this time. Therefore, the request for Urinalysis is determined to not be medically necessary.