

Case Number:	CM14-0112701		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2011
Decision Date:	09/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury 03/01/2011. The mechanism of injury was not provided within medical records. The clinical note dated 06/18/2014, indicated diagnoses of low back pain and neck pain. The injured worker reported pain medication continued to bring his pain level down from a 7 to a 3 allowing him to work full time and carry out activities of daily living, such as cooking, cleaning, laundry and self hygiene. The injured worker reported he still continued to struggle significantly with depression and anxiety, especially with other issues that had been going on with work. The injured worker reported he took Xanax, which had been very beneficial, as well as Effexor and that helped with his depression and anxiety. The injured worker reported he had recently requested psychotherapy and that was pending authorization. The provider indicated the injured worker had no aberrant behaviors or adverse side effects on the medication. The injured worker was not reporting lost or stolen medications or running out early or requesting early refills. On Physical examination, the injured worker had ongoing tenderness to cervical and lumbar paraspinal muscles. The clinical note dated 07/16/2014 indicated the injured worker rated his low back pain the same as last visit. The injured worker reported the acupuncture was most helpful with his pain. The injured worker reported that he had increased mobility and was taking fewer medications. The injured worker also reported he had improved attitude and was less anxious and stress. The injured worker reported he was happy that massage therapy has been authorized. The injured worker reported he was planning to start massage therapy. The injured worker reported he had been tolerating current medications. The injured worker's treatment plan included pending authorization for acupuncture and psychotherapy, authorization for massage therapy and followup in 1 month. The injured worker's prior treatments included diagnostic imaging, acupuncture and medication

management. The injured worker's prior medications included Norco, Relafen, Prilosec, Effexor, Zanaflex and Biofreeze gel. The provider submitted a request for tizanidine, a trial massage therapy for the neck and lumbar spine. A Request for Authorization dated 06/26/2014, was submitted for the above medications and trial of massage therapy. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tizandine 4mg #60 6/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The injured worker has been prescribed tizanidine since at least 06/18/2014, this exceeds the guideline recommendations for short term use. In addition, the documentation submitted did not indicate the injured worker had muscle spasms. Furthermore, the request does not indicate a frequency. Therefore, the request for Tizanidine is not medically necessary.

6 Sessions Trial Massage Therapy to the Neck and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: California MTUS Guidelines recommend massage therapy that is limited to 4 - 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The injured worker was modified for 4 sessions of massage therapy 07/03/2014. There is lack of documentation of efficacy and functional improvement with the prior massage therapy. In addition, the request does not indicate a timeframe for the trial massage therapy. Therefore, the request for 6 sessions of Trial Massage Therapy to the Neck and Lumbar Spine is not medically necessary.

Retro Biofreeze Gel #1 6/18/14: 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 Salicylate topicals Page(s): 105.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend treatment with topical salicylates. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated how long the injured worker had been utilizing the Biofreeze gel. Moreover, there is lack of documentation of efficacy and functional improvement with the use of the Biofreeze Gel. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.