MAXIMUS Federal Services

Case Number:	CM14-0144200		
Date Assigned:	09/12/2014	Date of Injury:	12/01/2006
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 Preventive Medicine, and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old female with a 12/1/06 date of injury. At the time (8/12/14) of request for authorization for Zanaflex (Tizanidine) 40mg #30 and Bio freeze cream, 3 tubes, there is documentation of subjective (pain in the neck, low back, and knees) and objective (diffuse spinal and knee tenderness and decreased sensation in the right median nerve and left S1 distributions) findings, current diagnoses (degenerative cervical disc disease, degenerative lumbar disc disease, degenerative arthritis of the bilateral knees, myofascial pain syndrome, and bilateral shoulder pain), and treatment to date (medications (including ongoing treatment with Norco and Zanaflex since at least 10/7/13). 9/3/14 medical report identifies that Zanaflex allows patient to function. Regarding Zanaflex, there is no documentation of spasticity and short-term (less than two weeks) treatment. Regarding Bio freeze, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex (Tizanidine) 40mg #30: 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 Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain Other Medical Treatment Guideline or Medical Evidence

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of degenerative cervical disc disease, degenerative lumbar disc disease, degenerative arthritis of the bilateral knees, myofascial pain syndrome, and bilateral shoulder pain. In addition, given documentation of ongoing treatment with opioids, there is documentation of Zanaflex use as a second line treatment. Furthermore, given documentation that Zanaflex allows patient to function, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Zanaflex use to date. However, there is no documentation of spasticity. In addition, given documentation of ongoing treatment with Zanaflex since at least 10/7/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex (Tizanidine) 40mg #30 is not medically necessary.

Bio Freeze Cream, 3 tubes: 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 Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.webmd.com/drugs/search.aspx?stype=drug&source=1&query=biofreeze

Decision rationale: An online search identifies that Bio freeze contains Menthol. Medical Treatment Guideline identifies Menthoderm cream as a topical analgesic containing Methyl Salicylate and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of degenerative cervical disc disease, degenerative lumbar disc disease, and degenerative arthritis of the bilateral knees, myofascial pain syndrome, and bilateral shoulder pain. However, there is no documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Bio freeze cream, 3 tubes is not medically necessary.