

<b>Case Number:</b>	CM14-0153361		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; muscle relaxants; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated August 23, 2014, the claims administrator failed to approve several topical compounded medications, approved a request for ibuprofen, approved a request for Prilosec, and denied a request for tizanidine. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 13, 2014, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability for an additional six weeks. The applicant was using Motrin, Prilosec and a variety of topical compounded agents, it was noted. The applicant was also using tizanidine at nighttime, it was stated. Persistent complaints of low back pain and hip pain were noted following earlier lumbar fusion surgery. The applicant's gastritis was reportedly improved, as stated in another section of the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Keto/Lido Cream 240 gm:** 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 Topical Analgesics topic. Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the cream, is not recommended for topical compound formulation purposes. Since one or more ingredients in the cream are not recommended, the entire cream is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**MethyC Cream 128 gm with one refill:** 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 Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant has already received and is using the topical compounded agent at issue, despite the unfavorable MTUS position on the same. Ongoing usage of the Methyl-C topical compound, however, has failed to generate any lasting benefit or functional improvement to date. The applicant remains off of work, on total temporary disability, and remains highly reliant on a variety of oral pharmaceuticals, including tizanidine, Motrin, Norco, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing issues of the cream at issue. Therefore, the request is not medically necessary.

**Tizanidine 4 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines tizanidine/Zanaflex section. Page(s): 66, 7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA-approved in the management of spasticity and can be employed off-label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline any material improvements in function achieved as result of ongoing tizanidine usage. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on a variety of other forms of medical treatment including opioid agent such as Norco and topical compounded drugs. All of the above, taken together, suggests a lack of functional improvement

as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.