

<b>Case Number:</b>	CM14-0089542		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/07/1998
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Pain Management and Rehabilitation 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:

This patient sustained an injury on 4/7/1998 while employed by [REDACTED]. Request(s) under consideration include Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240. The patient continues to treat for chronic ongoing neck and low back radiating pain symptoms. Medications list Gabapentin, Naproxen, Viagra, Zanaflex, and Exoten Lotion. Conservative care has included medications, multiple therapy modalities, and modified activities/rest. Reports from the provider noted patient with exacerbation of symptoms. Exam showed paraspinals spasm, decreased range, positive facet tenderness, weakness of ankles and toes, decreased sensation in L5, S1 dermatomes. MRI of cervical spine showed DISH (diffuse idiopathic skeletal hyperostosis) at C3-5 with multilevel bulges. The request(s) for Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240 were non-certified on 5/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthotic Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372

**Decision rationale:** This patient sustained an injury on 4/7/1998 while employed by [REDACTED]. Request(s) under consideration include Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240. The patient continues to treat for chronic ongoing neck and low back radiating pain symptoms. Medications list Gabapentin, Naproxen, Viagra, Zanaflex, and Exoten Lotion. Conservative care has included medications, multiple therapy modalities, and modified activities/rest. Reports from the provider noted patient with exacerbation of symptoms. Exam showed paraspinals spasm, decreased range, positive facet tenderness, weakness of ankles and toes, decreased sensation in L5, S1 dermatomes. MRI of cervical spine showed DISH (diffuse idiopathic skeletal hyperostosis) at C3-5 with multilevel bulges. The request(s) for Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240 were non-certified on 5/30/14. There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. CA MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 1998. In addition, ODG states that lumbar supports are not recommended for prevention; is under study for treatment of nonspecific LBP; and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The Lumbar Orthotic Brace is not medically necessary and appropriate.

**Tizanidine 2mg QHS #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasticity/Antispasmodic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** This patient sustained an injury on 4/7/1998 while employed by [REDACTED]. Request(s) under consideration include Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240. The patient continues to treat for chronic ongoing neck and low back radiating pain symptoms. Medications list Gabapentin, Naproxen, Viagra, Zanaflex, and Exoten Lotion. Conservative care has included medications, multiple therapy modalities, and modified activities/rest. Reports from the provider noted patient with exacerbation of symptoms. Exam showed paraspinals spasm, decreased range, positive facet tenderness, weakness of ankles and toes, decreased sensation in L5, S1 dermatomes. MRI of cervical spine showed DISH (diffuse idiopathic skeletal hyperostosis) at C3-5 with multilevel bulges. The request(s) for Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C

lotion 120ml, #240 were non-certified on 5/30/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1998. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant change in clinical findings, or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Tizanidine 2mg QHS #60 is not medically necessary and appropriate.

**Exoten-C lotion 120ml, #240:** 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): 111-113.

**Decision rationale:** This patient sustained an injury on 4/7/1998 while employed by [REDACTED]. Request(s) under consideration include Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240. The patient continues to treat for chronic ongoing neck and low back radiating pain symptoms. Medications list Gabapentin, Naproxen, Viagra, Zanaflex, and Exoten Lotion. Conservative care has included medications, multiple therapy modalities, and modified activities/rest. Reports from the provider noted patient with exacerbation of symptoms. Exam showed paraspinals spasm, decreased range, positive facet tenderness, weakness of ankles and toes, decreased sensation in L5, S1 dermatomes. MRI of cervical spine showed DISH (diffuse idiopathic skeletal hyperostosis) at C3-5 with multilevel bulges. The request(s) for Lumbar Orthotic Brace, Tizanidine 2mg QHS #60, and Exoten-C lotion 120ml, #240 were non-certified on 5/30/14. Exoten-C lotion has manufacturing compound topical ingredients to include 20% methyl salicylate, 10% menthol, and 0.002% capsaicin. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Exoten-C lotion 120ml, #240 is not medically necessary and appropriate.