

<b>Case Number:</b>	CM14-0165491		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 68 year old female with a work injury dated 8/31/01. Her diagnoses includes low back pain with myofascial component; lumbar facet arthropathy with lumbar degenerative disc disease and insomnia. Under consideration are requests for Skelaxin; Tens unit trial; KGL BC compound cream; urine drug screens. Per documentation the patient had a UDS on 12/16/13 positive for Zolpidem which was noted as inconsistent. She had a 6/10/14 positive UDS for Zolpidem noted as inconsistent. UDS dated 9/4/14 was positive for benzodiazepines noted to be inconsistent. The patient was noted on 9/4/14 to attempt to reduce her muscle relaxants but this increased her spasms. She uses Skelaxin for daytime spasms and Tizanidine for night time spasms. She uses a topical cream and states that her pain is a 3-5 without medication and a 1/10 with medication. The patient is compliant and shows no drug seeking behavior. She is noted to be taking medications from an outside physician which include Ambien and Klonopin. On exam her gait is antalgic. She has 1-2+ low back spasms and trigger points. She has decreased lumbar range of motion. There is a negative straight leg raise and muscle sensory function intact distally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Skelaxin 800mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63- 64.

**Decision rationale:** Skelaxin 800mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. There are no extenuating circumstances documented that would necessitate continuing this medication long term. The request for Skelaxin 800mg 60 is not medically necessary.

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS and on the MTUS Chronic Pain Medical Trea.

**Decision rationale:** Tizanidine 4mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has been on Tizanidine chronically since 2011. This medication is not recommended for long term use, therefore the request for Tizanidine 4mg # 60 is not medically necessary.

**KGL BC compound cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

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

**Decision rationale:** KGL BC compound cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The compound is composed of Ketoprofen, Gabapentin and Lidocaine. The MTUS does not support topical Gabapentin. The guidelines do not support topical Lidocaine in cream form for neuropathic pain. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The documentation does not indicate extenuating circumstances to go against guideline recommendations for this product. The request does not indicate a quantity. The

MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend multiple ingredients in this compounded product. For these reasons the request for KGL BC compound cream is not medically necessary.

**Urine drug screen 4 x 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (chronic)

**Decision rationale:** Urine drug screen 4 x 1 year is not medically necessary per the MTUS and the ODG. The MTUS states that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation indicates that the patient has had prior urine drug screens which revealed inconsistent results, however the results were consistent with non narcotic medications received from another physician. The documentation does not reveal evidence of illicit drug use. Therefore the patient is not a high risk patient and urine drug screen 4 x 1 year is not medically necessary.

**TENS unit 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Tens unit trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not reveal that the patient has one of the several conditions that the MTUS supports TENS use for. The Tens unit trial is not medically necessary.