MAXIMUS Federal Services

Case Number:	CM14-0217024		
Date Assigned:	01/06/2015	Date of Injury:	03/20/2014
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female with a date of injury on 03/20/2014. Documentation from 07/14/2014 noted the injured worker was experiencing pain to the right shoulder secondary to job duties of repetitive use of the right upper extremity, prolonged standing, walking, bending, and heavy lifting. Physician documentation from 11/06/2014 indicated the diagnoses of cervalgia and right paracervical muscle spasm, cervical radiculitis to the right upper shoulder area versus right shoulder pain radiating to the cervical area, and right shoulder pain with rotator cuff supraspinatus and infraspinatus partial tear. Subjective findings from 11/06/2014 were remarkable for constant neck and right shoulder pain along with right arm, hand, and finger pain, with pain that radiated down the upper back. The injured worker was remarkable for associated symptoms of numbness, tingling, loss of grip strength, and loss of sensation to the hands and fingers, along with weakness to the upper extremities and hands. The injured worker also had complaints of headaches. The pain rating for the neck was rated a six on the scale of one to ten. The injured worker indicated she had swelling, numbness, tingling, burning, clicking, popping, and grinding to the right shoulder. The pain to the right shoulder, right wrist, and right hand was noted a three on the scale of one to ten. Physical examination from the same date was remarkable for muscle spasms and tenderness to the cervical spine, cervical paraspinal region on the right, and tenderness to the trapezius muscle. The treating physician noted the injured worker to have a positive shoulder elevation and abduction test, and head compression test. Motor strength was noted a four out of five to the deltoid, biceps, and triceps muscles. Magnetic resonance imaging on 09/09/2104 was revealing

for a partial thickness tear involving the distal supraspinatus tendon. Magnetic resonance imaging from 07/11/2014 was remarkable for central disc protrusion at cervical six to cervical seven. Prior treatments offered to the injured worker included physical therapy, chiropractic therapy, and a medication history of Naprosyn, Ibuprofen, and Tramadol. Physician documentation from 11/06/2014 noted a pending authorization for right shoulder surgery which was performed on 12/23/2014 for arthroscopic debridement, subacromial decompression, acromioplasty, and injection to the right shoulder joint. Physician documentation from 11/06/2014 indicated the injured worker to have difficulty performing activities of daily living such as grasping, lifting, carrying, and having a restful sleep. While documentation indicated that physical therapy treatments were provided, there was no documentation of quantity, treatment plan, or results of prior physical therapy visits. The medical records provided also lacked documentation of effectiveness of medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/06/2014 noted a work status of remaining off of work. On 12/01/2014, Utilization Review non-certified the prescriptions for Tizanidine one tablet twice a day, compound analgesic cream containing Flurbiprofen 15% plus Cyclobenzaprine 10%. Guidelines used in determination of requested treatments were CA MTUS, Shoulder Complaints (ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 9), Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill 2010, Physician's Desk Reference, 68th Edition, ODG Workers Compensation Drug Formulary, Epocrates Online, and Opioid Dose Calculator. The prescription for Tizanidine was noncertified with the guidelines noting that this medication is not recommended to be used longer than three weeks for acute treatment of pain exacerbations. Utilization Review noted that there was no documentation of the dose requested. Utilization Review noncertified compound analgesic cream containing Flurbiprofen 15% plus Cyclobenzaprine 10% based on guidelines noting that these medications are experimental with regards to efficacy and safety with the recommendation of use for neuropathic pain after a trial of antidepressant and anticonvulsant failure. The Utilization Review noted that the medical records lacked documentation of significant pain reduction or functional improvement with use of this medication, along with no rationale for use of a compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (unspecified quantity/duration/dosage): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill, 2010Physicians Desk Reference, 68th EditionODG, Workers compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The claimant is nearly one year status post work-related injury and underwent right shoulder arthroscopy in December 2014. When seen by the requesting provider

on 11/06/14 symptoms included constant radiating neck pain. Pain was rated at 6/10. Physical examination findings included right cervical spine paraspinal muscle tenderness with muscle spasms. Authorization for tizanidine was requested. On 12/04/14 she had complaints of neck and right shoulder pain. Physical examination findings included muscle spasm with range of motion of the cervical spine. Tizanidine was refilled. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.

Compounded analgesic cream (Flurbiprofen 15%, Cyclobenzaprine 10%) unspecified duration/quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation oodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill, 2010Physicians Desk Reference, 68th EditionODG, Workers compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is nearly one year status post work-related injury and underwent right shoulder arthroscopy in December 2014. She continues to be treated for symptoms including constant radiating neck pain, right shoulder pain, and right wrist pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.