

<b>Case Number:</b>	CM15-0011499		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/24/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 52 year old female, who sustained an industrial injury on 05/24/2001. She had reported feeling stressed and had a fainting spell where she fell backwards landing on a wooden plank sustaining an injury to the neck. Diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, cervical radiculopathy, and depression. Treatment to date has included magnetic resonance imaging of the lumbar and cervical spine, medication regimen, laboratory studies, physical therapy, and a home exercise program. In a progress note dated 10/10/2014 the injured worker reports pain to the neck. The treating physician requested the below listed treatments noting that the injured worker had improvement with pain, mobility, and strength secondary to physical therapy, however the documentation provided did not indicate a reason for the requested medications of Flector patches and Tizanidine. On 12/23/2014 Utilization Review non-certified the requested treatments of Flector patches 1.3% with quantity of 60 and Tizanidine 4mg with a quantity 60 and modified the request for six physical therapy sessions to four physical therapy sessions and all requests were dated between 10/10/2014 and 02/20/2015. The Utilization Review based their determination on the California Chronic Pain Medical Treatment Guidelines (May 2009): Physical Medicine Guidelines; Topical NSAIDS (nonsteroidal anti-inflammatory drugs); Tizanidine (Zanaflex); Muscle relaxants (for pain); and Official Disability Guidelines: Neck and Upper Back (Acute & Chronic), Physical Therapy Guidelines; Pain (Chronic), Flector Patch (diclofenac epolamine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Based on the 10/10/14 progress report provided by treating physician, the patient presents with neck pain with radicular symptoms. The request is for 6 PHYSICAL THERAPY SESSIONS. Diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, cervical radiculopathy, and depression. Patient's medications include Gabapentin, Motrin, Tizanidine, Voltaren gel and Flector patches. Per physical therapy note dated 09/26/14, the patient had 6 visits and reports 40% improvement with increase in mobility. Patient is on home exercise program. Patient's work status has not been provided. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Per progress report dated 10/10/14, treater states patient is "status post physical therapy x 6 visits improved pain, mobility, and strength." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. There are no discussions of change in work status, specific examples describing significant change in ADL's or work function, nor documented decrease in medications, to warrant additional treatment. Furthermore, the request for additional 6 visits would exceed guideline allowance for the patient's condition. Therefore, the request IS NOT medically necessary.

**Flector patches 1.3% #60: Upheld**

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

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

**Decision rationale:** Based on the 10/10/14 progress report provided by treating physician, the patient presents with neck pain with radicular symptoms. The request is for FLECTOR PATCHES 1.3% #60. Diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, cervical radiculopathy, and depression. Patient's medications include Gabapentin, Motrin, Tizanidine, Voltaren gel and Flector patches. Per physical therapy note dated 09/26/14, the patient had 6 visits and reports 40% improvement with increase in mobility. Patient is on home exercise program. Patient's work status has not been provided. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." It appears Flector patches are being initiated per treater report dated 10/10/14, as there is no other mention in provided medical records. There is no indication of the patient having any osteoarthritis and tendonitis symptoms. The reason for the request is not provided, nor is there any discussion provided on Flector patches. The requested Flector patch IS NOT medically necessary.

**Tizanidine 4mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 63-66.

**Decision rationale:** Based on the 10/10/14 progress report provided by treating physician, the patient presents with neck pain with radicular symptoms. The request is for TIZANIDINE 4MG #60. Diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, cervical radiculopathy, and depression. Patient's medications include Gabapentin, Motrin, Tizanidine, Voltaren gel and Flector patches. Per physical therapy note dated 09/26/14, the patient had 6 visits and reports 40% improvement with increase in mobility. Patient is on home exercise program. Patient's work status has not been provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. It appears Tizanidine is being initiated per treater report dated 10/10/14. UR letter dated 12/14/14 states "... guidelines recommend this medication for spasticity, but this finding has not been mentioned..." However, Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain and

diagnosis of lumbar discopathy with disc displacement, the request appears reasonable. Therefore, the request IS medically necessary.