

Case Number:	CM15-0128690		
Date Assigned:	08/07/2015	Date of Injury:	07/29/2002
Decision Date:	09/29/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of July 29, 2002. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for Zanaflex and Voltaren gel while conditionally denying Celebrex. The claims administrator referenced a May 19, 2015 RFA form and an associated progress note of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant reported ongoing complaints of bilateral elbow pain. The applicant was asked to continue usage of a spinal cord stimulator, Keppra, Tagamet, Zanaflex, Celebrex, and Voltaren gel. The attending provider contended that Voltaren gel was beneficial here. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS). Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On April 27, 2015, the applicant was asked to continue Norco, Keppra, Motrin, Celebrex, cimetidine, Colace, and Tizanidine. The applicant was using Norco at a rate of four times daily, it was reported. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS), reportedly imputed to cumulative trauma at work. Depression, dyspepsia, and dental complaints were also reported. It was suggested that the applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits, it was stated toward the top of the note. The attending provider stated that the applicant's medications were affording the applicant to pay her bills and clean her home. Somewhat incongruously, the attending provider stated in another

section of the note that the applicant had obtained a substitute teacher credentials and wished to work as a substitute teacher. In another section of the note, it was stated that the applicant had avoided social contact outside of her home on the grounds that her pain was poorly controlled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) ; Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: No, the request for Zanaflex, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain and is a first-line option to treat myofascial pain syndrome, here, however, there was no mention of the applicant's having issues with low back pain, spasticity, myofascial pain syndrome, and/or fibromyalgia for which Tizanidine would have been indicated. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS) on office visits of April 27, 2015 and June 4, 2015. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not clearly state why Tizanidine, an antispasmodic medication, was being employed for complex regional pain syndrome (CRPS), i.e., the operating diagnosis present here. Page 47 of the ACOEM Practice Guidelines further stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, a progress note of April 27, 2015 suggested that the applicant was avoiding socializing, was receiving Social Security benefits, and was employing Norco at a rate of four times daily, despite ongoing Tizanidine usage. The attending provider acknowledged that the applicant's pain was "not well controlled," it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex (Tizanidine). Therefore, the request was not medically necessary.

Voltaren 1% gel #5 tubes with 2 refills: 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 Pain Mechanisms; Topical Analgesics; Functional Restoration Approach to Chronic Pain Management Page(s): 3; 112; 7.

Decision rationale: Similarly, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Voltaren gel are not recommended in the treatment of neuropathic pain. Here, the applicant was described on April 27, 2015 as carrying a primary operating diagnosis of complex regional pain syndrome (CRPS), i.e., a condition classically associated with neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider base his choice of pharmacotherapy on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not, in short, set forth a clear or compelling rationale for continued usage of Voltaren gel, a topical NSAID, for complex regional pain syndrome, i.e., a diagnosis of neuropathic pain, in the face of the unfavorable position set forth on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines for such usage. Therefore, the request was not medically necessary.