

Case Number:	CM15-0175272		
Date Assigned:	09/16/2015	Date of Injury:	12/17/2012
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 is a 51-year-old female worker who was injured on 12-17-2012. The medical records indicated the injured worker (IW) was treated for cervical radiculopathy to the bilateral upper extremities, worse on the left side; cervicalgia; cervical degenerative disc disease; and lumbago, rule out lumbar radiculopathy. The progress notes (7-21-15) indicated the IW had neck pain radiating to the bilateral upper extremities and shoulders, worse on the left; and low back pain radiating into the bilateral lower extremities, worse on the left. She rated her pain 6 to 8 out of 10. She had completed physical therapy (at least 7 sessions) and was working light duty. Medications were Naprosyn, Tizanidine and compound analgesic cream (Lidocaine and Ketoprofen). On physical examination (7-21-15), there was tenderness in the bilateral cervical and lumbar paraspinal muscles and in the lumbosacral area, worse on the left side. Straight leg raise was positive on the left at 40 degrees; Patrick's and lumbar facet loading tests were negative. The bilateral upper trapezius muscles were tender to touch, worse on the left. Cervical facet loading maneuvers were negative. Spurling's test was positive on the left side. Other treatments included cortisone injection for the shoulder and home exercise program. Treatment recommendations included cervical epidural steroid injections, current medications and urine drug screen. A Request for Authorization was received for Tizanidine 2mg, #60 for date of service 7-27-15 and compound cream Lidocaine and Ketoprofen (unspecified amt. dispensed) for date of service 7-27-15. The Utilization Review on 8-11-15 modified the request for Tizanidine 2mg, #60 for date of service 7-27-15 to allow a one-month supply for weaning per CA MTUS guidelines; compound cream Lidocaine and Ketoprofen (unspecified amt. dispensed) for date of service 7-27-15 was non-certified, because the treatment is not supported by CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60 for DOS 7/27/15 DS:30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been given Tizandine along with Naproxen. There is no indication to provide 2 medications that have no superior benefit over the other. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

Compound cream Lidocaine, Ketoprofen (unspecified amt. dispensed) for DOS 7/27/15 DS:30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on oral Naproxen. In addition, topical Lidocaine is indicated for diabetic and herpetic neuropathy. The claimant did not have these diagnoses either. The topical Ketoprofen/Lidocaine is not medically necessary.