

<b>Case Number:</b>	CM15-0027678		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 6/6/03. She has reported hurting her back while lifting a trash bag and throwing it into a container. The diagnoses have included cervical facet arthropathy, cervical radiculopathy, and status post cervical fusion. Treatment to date has included Physical therapy, diagnostics, medications, epidural steroid injections, and surgery. Currently, the injured worker complains of neck pain that radiates to bilateral upper extremities and head accompanied by tingling in the bilateral upper extremities and hands. She also complains of occipital headaches. She complains of low back pain that radiates to left lower extremity and accompanied by numbness to the feet. There are frequent back spasms in the low back. The pain is rated 8/10 with medication and 10/10 without medication. The pain has worsened. The injured worker reports medication associated with gastrointestinal upset. She has had epidural injection 10/29/13 with good overall improvement 50-80 percent. She reports moderate improvement in pain with use of medications and ability to perform activities of daily living (ADL's). Magnetic Resonance Imaging (MRI) dated 5/2/07 revealed degenerative changes, disc protrusion, disc bulge, disc desiccation, and facet arthropathy. Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/15/05 revealed disc bulge, disc desiccation, loss of disc height, and spinal canal narrowing. Physical exam of the cervical spine revealed trigger points with twitch response in the right and limited range of motion due to pain. The thoracic and lumbar areas revealed spasm, trigger points with twitch response, limited range of motion due to pain, and straight leg raise was positive bilaterally. The current medications were documented. The urine drug screen dated 1/14/15 was consistent with

medications prescribed. On 2/3/15 Utilization Review non-certified a request for Retro Tizanidine 4mg #30 with 3 refills and Retro Envix-Ibuprofen 10% #60, noting regarding the request for Retro Tizanidine 4mg #30 with 3 refills, there was insufficient documentation contraindicating the use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for the injured workers current condition and the medical necessity was not established. Regarding the Retro Envix-Ibuprofen 10% #60, there was no documentation of the injured workers intolerance of these or similar medications to be taken on an oral basis, the medical necessity of this topical agent has not been established. The (MTUS) Medical Treatment Utilization Schedule was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Tizanidine 4mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

**Decision rationale:** Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.

**Retro Envix-Ibuprofen 10% #60:** Upheld

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

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

**Decision rationale:** Regarding the request for Envix-ibuprofen, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, 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. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Envix-ibuprofen is not medically necessary.

