

<b>Case Number:</b>	CM15-0095194		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/09/1996
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 59-year-old who has filed a claim for chronic pain syndrome, chronic neck pain, chronic low back, and chronic shoulder pain with derivative complaints of depression, anxiety and headaches reportedly associated with an industrial injury of January 9, 1996. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for several topical compounded medications, methadone, and Zanaflex. The claims administrator referenced a RFA form received on May 8, 2015 in its determination. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant reported worsening complaints of neck, shoulder, upper arm, and low back pain with derivative complaints of insomnia. The applicant was asked to continue usage of a TENS unit, several topical compounded medications, methadone, Zanaflex, and Pamelor. Little-to-no discussion of medication efficacy transpired. The applicant was apparently concurrently receiving psychotropic medications through another prescriber, it was acknowledged, including Seroquel, Paxil, Cymbalta, and Xanax. The applicant had not worked for the preceding 10 years, it was acknowledged toward the bottom of the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Flurbiprofen 20%, Lidocaine 5% 4gm: 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): 111-112.

**Decision rationale:** No, the request for a topical compounded flurbiprofen-lidocaine containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is little evidence to utilize topical NSAIDs such as flurbiprofen for the spine, hip, and/or shoulder. Here, the applicant's primary pain generator were, in fact, the shoulder, cervical spine, lumbar spine, etc., i.e., body parts for which there is little evidence to utilize topical NSAIDs such as flurbiprofen, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since the primary ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10%, Lidocaine 2% 4gm:** Upheld

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

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

**Decision rationale:** Similarly, the request for a cyclobenzaprine-lidocaine containing compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Methadone 10mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for methadone, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced

pain achieved as a result of the same. Here, however, the applicant was off of work and had not worked in over 10 years, it was suggested on a progress note of March 31, 2015, referenced above. The applicant's pain complaints were described as worsening on that date. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing methadone usage on that date. Therefore, the request was not medically necessary.

**Zanaflex 2mg #60 with auto refill (unspecified number of refill): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** Finally, the request for Zanaflex (tizanidine), an antispasmodic medication, was likewise 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 management of spasticity but can be employed off-label for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as methadone or anxiolytic medications such as Xanax. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.