

Case Number:	CM14-0144475		
Date Assigned:	09/12/2014	Date of Injury:	05/13/2009
Decision Date:	10/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old man with a date of injury of 5/13/09. He was seen by his provider on 8/25/14 for a prescription refill and a rash. His review of systems was negative except for back pain. Relevant portions of his physical exam showed tenderness of his lumbar spine with range of motion and mild decrease in sensation in his left lower extremity. His skin exam was documented as normal. His diagnoses were backache, neuralgia/neuritis and sciatic due to displacement of lumbar disc. In addition to back care and regular back exercises, his medications included Ibuprofen, Lidoderm patch, Lyrica, Norco, Tramadol and Zanaflex, all of which were started in 7/14 other than Zanaflex which was started in 5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg/patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an

AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This 37 year old injured worker has chronic back pain with tenderness with range of motion noted on physical examination. His medical course has included numerous diagnostic modalities including use of several medications including narcotics and NSAIDs. Lidoderm is FDA approved only for post-herpetic neuralgia and he is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker. Therefore, the request for Lidoderm 5% patch 700mg/patch is not medically necessary and appropriate.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. This 37 year old injured worker has chronic back pain with tenderness with range of motion noted on physical examination. His medical course has included numerous diagnostic modalities including use of several medications including narcotics and NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects to justify ongoing use. Therefore, the request of Zanaflex 4mg is not medically necessary and appropriate.