

<b>Case Number:</b>	CM13-0025666		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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 patient is a 34-year-old male who reported an injury on 09/22/2012. The mechanism of injury was noted as the patient was hit in the low back with a bucket containing gravel while he was shoveling. The patient was seen at an urgent care clinic where plain view x-rays were performed, and he was given a prescription for ibuprofen and Soma. The patient also participated in physical therapy, but stated he did not get any relief from this treatment. The pain is exacerbated with exercise or lifting, if he stands or sits for too long, and has also had difficulty sleeping. The patient went on to have an epidural steroid injection at the L5-S1 level on 09/23/2013. According to the most recent documentation dated 10/25/2013, the patient is still complaining of mid to lower back pain, which radiates down to the right leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patches 12 hours on, 12 hours off #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Section Page(s): 112.

**Decision rationale:** According to the California MTUS Guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). According to the documentation dated 10/25/2013, the patient was placed on Zanaflex for muscle spasms, which he stated did not help relieve the discomfort nor did it help him sleep. He also tried Lidoderm patches, which he stated caused a rash. Furthermore, it notes at the bottom that the patient is not interested in taking any medications and he has not tried any gabapentin, Lyrica, or Cymbalta. Because the patient was not previously tried on either Gabapentin or Lyrica prior to starting the Lidocaine patches, the request does not meet guideline criteria for the use of this medication and cannot be considered medically necessary.

**Zanaflex 2 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Section Page(s): 66.

**Decision rationale:** According to the California MTUS, Zanaflex, otherwise known as tizanidine, is a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity; and unlabeled use for low back pain. However, as noted in the documentation dated 10/25/2013, the patient has already utilized Zanaflex and stated the medicine did not help his muscle spasms, nor did it help with his sleeping problems either. Due to the documentation stating that this medication has been ineffective in treating the patient, and without further objective measurements to state otherwise, the request is cannot be considered medically necessary. As such, the requested service is non-certified.