

Case Number:	CM13-0036021		
Date Assigned:	12/13/2013	Date of Injury:	02/20/1998
Decision Date:	02/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

History as per medical records reviewed, the claimant is a 51 years old female with a stated date of injury of 2/20/1998. Mechanism of injury was not found in the record reviewed. MRI report dated 03/16/2011 was interpreted as follows: 1) there is attenuation and abnormal signal in the posterior horn and mid-segment of medial meniscus. If there is no history of prior partial medial meniscectomy, this should be taken as an indication of a tear 2) there is minimal joint effusion. According to medical records dated 9/26/2012, the patient complained of right shoulder pain, right knee, and lower back pain. She had abnormal upper GI. Objective findings include tender right subacromial space and lower back. Diagnosis includes Right rotator cuff tear; Right medial meniscus tear and lumbar disc disease, GI reflux and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA-MTUS (effective July 18, 2009) page 66 of 127 section on antispasmodics states that Tizanidine (Zanaflex[®], generic available) is a centrally acting

alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). It is recommended to use this medication with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with Discontinuation. Beside being unlabelled for low back pain treatment, there is no documentation of this patients renal or hepatic function test result in the record reviewed, prior to prescription of this medication, this reviewer consider the prescription of Zanaflex 4mg bid #60.

Lidoderm patches, #60, use as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA-MTUS (Effective July 18, 2009) page 56 to 57 of 127; section of Topical Analgesics indicates that Lidoderm® (lidocaine patch) is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Based on the guidelines, the request for Lidoderm patches, #60, use as directed, was not medically necessary.