

Case Number:	CM13-0050691		
Date Assigned:	12/27/2013	Date of Injury:	09/09/2010
Decision Date:	03/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Emergency 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:

Patient with date of injury of 9/9/2010. Mechanism of injury reported as ergonomic in nature. Patient has diagnosis of chronic neck pain, shoulder pain and arm pain with spondylosis of C4, C5 and C6 with disc herniation of C5-6 with myofascial pain. Records reviewed from primary treating physician, consulting orthopedics, spine surgeon and pain management. Reports available until 10/28/13. Patient complains of right shoulder, scapular and arm pain. Pain is reportedly neck pain ran down right shoulder and scapular region and down to arms and fingers. Also reports stiffness, intermittent numbness and weakness sensation. Pain is constant worst with activity and improves with ice, rest and medications. Objective exam reveals minimal midline cervical pain and diffuse paraspinal pain along C3-7 mostly on Right side. Spasms noted on exam with limited range of motion of neck. Also noted tenderness over neck/shoulder girdle muscles. Numerous trigger points over right neck and shoulder/scapular region. Neurological exam and range of motion is normal. Attempted occipital block on 9/20/13 with improvement in headache. Also completed physical therapy, acupuncture and medication treatment. Reportedly normal EMG but no date or full report found. MRI of cervical spine on 2/6/13 reveals multilevel disc degeneration from C2-C7, C4-7 with disc protrusion with reported mild effacement of anterior theca sac at C4/5 level. Neuroforaminal narrowing of C4-6. Last medication list available from 10/17/13: Flexeril, Norco, Anaprox DS, restoril and "polar frost" pain relieving gel. Patient also appears to be on Pamelor. Utilization review is for prescription for MEDS trial of Lidoderm patch and Zanaflex 2 times a day. Prior utilization review on 11/6/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for [REDACTED] Lidoderm Patch: Upheld

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

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

Decision rationale: As per Chronic Pain Medical Treatment Guidelines Lidoderm is a topical Lidocaine patch. Lidoderm patch is FDA approved for post-herpetic neuralgia only. Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient has neck, shoulder and arm pains with normal EMG. There is no documentation of the effectiveness of Pamelor (a tricyclic antidepressant) which is a 1st line agent that patient is currently taking. Due to lack of documentation of failure of 1st line therapy and lack of actual EMG or physical exam results to support actual radicular/neuropathic pain, off-label use of Lidoderm is not medically recommended.

The request for Zanaflex twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/Antispasmodica Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. There is light evidence for its use in back pains but good evidence for myofascial pain and may be considered a first line agent. Patient is currently already taking Flexeril, another antispasmodic medication and is also on restoril, a Benzodiazepine. There is risk of sedation when Zanaflex is combined with a Benzodiazepine. Documentations reports that plan is for Zanaflex to replace the Flexeril. Dosage of Zanaflex is for 4mg every 8hours as needed. The patient has a diagnosis of myofascial pain with report that pain is worsening despite current medication regiment. Since a significant amount of patient's pain is believed to be myofascial, Zanaflex may be considered a first line drug and is medically appropriate.