

<b>Case Number:</b>	CM13-0051595		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 09/09/2010. The patient is currently diagnosed with chronic neck pain, cervical spondylosis, right hand numbness, chronic pain syndrome, depression, myofascial pain, possible fibromyalgia, history of depression, and status post bilateral occipital nerve block. The patient was seen by [REDACTED] on 10/28/2013. The patient reported ongoing neck pain with radiation to the right shoulder and scapular region as well as the forearm and digits. The patient also reported pain and difficulty sleeping with tightness. Physical examination revealed tenderness to palpation, numerous tender/trigger points over the right neck and shoulder/scapular region, 5/5 motor strength in bilateral upper extremities, and intact sensation. Treatment recommendations included authorization for acupuncture treatment, and continuation of current medications including Zanaflex and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of neuropathic pain or peripheral nerve pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**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 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Although it is stated that the patient reported decrease in painful spasm with the medication, there is no documentation of objective functional improvement. The patient's physical examination continues to reveal numerous tender/trigger points over the right neck and shoulder/scapular region. As guidelines do not recommend long-term use of this medication, the current request is noted medically appropriate. Therefore, the request is non-certified.