MAXIMUS Federal Services

Case Number:	CM14-0009314		
Date Assigned:	02/14/2014	Date of Injury:	12/07/1999
Decision Date:	09/17/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational 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 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 patient is a 56-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 12/07/1999. Medical records from 2011 to 2013 were reviewed and showed that patient complained of chronic low back pain, graded 15/10, radiating down the bilateral lower extremities. She reports periods of severe pain, when she passes out. She claims that medications reduce pain enough to allow her to perform ADLs such as ambulating and gardening. Physical examination showed that patient was in mild distress but cognitively intact. She has full strength in the bilateral lower extremities with intact sensation. The PHQ-9 score was 6/27 indicating minimal depression. Treatment to date has included: medications, physical therapy, aquatic therapy, home exercise program, L5-S1 anterior spinal fusion, total hip arthroplasty, left rotator cuff surgery, and right hip replacement. The Utilization review dated 01/14/2014, was not medically necessary for the request for Zanaflex, because the documents do not identify the presence of spasticity, and there was no documentation of significant functional benefit from its use, and denied the request for Lidoderm patch, because the documents do not clearly define neuropathic pain, and there is no documentation of treatment failure with first-line medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 1 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63,66.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, page 63 states; that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Also page 66 states; that Zanaflex is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been using Zanaflex as far back as 2000 and most recently since March 2013. Patient claims that medications allow her to perform ADLs like gardening and walking, and decreases the severity of pain. However, the medical records submitted for review did not show evidence of muscle spasms in the physical examination. Furthermore, guidelines do not support long term use of Zanaflex. Lastly, the present request as submitted failed to specify the quantity to be dispensed. Therefore, the request for 1 prescription of zanaflex 1 mg is not medically necessary.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, page(s) 111-112 states; topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica. In this case, the patient has been using Lidoderm patch as far back as 2003 and most recently since September 2013. Patient complained of chronic low back pain radiating to the bilateral lower extremities, and has been previously treated with KlonoPIN, imipramine, diazepam, Lyrica, and Cymbalta from 2006 to 2009. The medical necessity has been established. However, the present request as submitted failed to specify the number to be dispensed. Therefore, the request for Lidoderm patches is not medically necessary.