

Case Number:	CM14-0102082		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2009
Decision Date:	09/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old female who reported an injury on 11/30/2009. The mechanism of injury was not provided for clinical review. The diagnoses included chronic regional pain syndrome, lumbar spine sprain/strain, bilateral hip pain, hip flexion, and bipolar disorder. The previous treatments included medication. Within the clinical note dated 05/15/2014, it was reported the injured worker complained of low back and hip pain. She reported pain in the lower extremities; however, neuropathic pain has been under control. She described the pain as burning pain felt in the left foot and ankle. The current medication regimen included Nucynta, Lidocaine patches, Gabapentin, Tizanidine, and Amitriptyline. The injured worker rated her pain 4/10 in severity with medication, and 10/10 in severity without medication. Upon physical examination, the provider noted the injured worker had tenderness to palpation over the left greater than right paraspinal musculature. Upon examination of the lumbar spine, the provider noted the injured worker had moderate bilateral lumbar paraspinal tenderness. The injured worker had 1+ palpable muscle spasms present. The injured worker had mild tenderness over other site of the generator/battery in the right buttock region. The provider requested for Tizanidine for muscle spasms and Lidocaine patches for foot and ankle topical neuropathic pain. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 4mg, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines For treatment of spasticity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Tizanidine 4 mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of 2 to 3 weeks. Therefore, the request is not medically necessary.

Lidocaine 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

Decision rationale: The request for Lidocaine 5% patches is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine in the formulation of a patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide a treatment site. The request submitted failed to provide the quantity and frequency of the medication. There was a lack of documentation indicating the injured worker had tried and failed on first-line agents for the management of neuropathic pain. Therefore, the request is not medically necessary.