

Case Number:	CM14-0010247		
Date Assigned:	02/21/2014	Date of Injury:	01/21/1998
Decision Date:	12/18/2014	UR Denial Date:	01/16/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old man who sustained a work-related injury on January 21, 1998. The patient was diagnosed with status post lumbar fusion, chronic pain, and reactive dysphoria, right knee pain status post-surgical intervention, SMP, left SI joint dysfunction with piriformis spasticity, and left sided radiculopathy L5. According to a progress note dated February 6, 2014, the patient reported intermittent left leg weakness and feeling less fatigued since doubling his Tizanidine. He rated his low back pain as a 3-4/10, left sided leg pain as a 4-6/10, and right side leg pain as a 1/10. He described a burning sensation from the knee down bilaterally. On examination, the lumbar flexion was 50% and extension 30%. Motor intact at 5/5, except 4/5 dorsiflexion left ankle. Muscle triggers upper gluteal bilaterally with twitch response and radiation. Left sided SI joint pain, less severe due to blocks. Bilateral mid thoracic muscular spasm. The provider requested authorization to use Tizanidine, Lidoderm patch, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN),.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment of medication. Furthermore, there is no clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Therefore, the request for Tizanidine 4mg is not medically necessary.

LIDODERM PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch is not medically necessary.

VOLTAREN GEL: 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; Nonselective NSAIDS Page(s): 111; 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine

pain such as cervical spine pain and shoulder pain. Therefore request for Voltaren Gel is not medically necessary.