

Case Number:	CM14-0159419		
Date Assigned:	10/03/2014	Date of Injury:	11/15/2001
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and reflex sympathetic dystrophy reportedly associated with an industrial injury of November 15, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; and psychotropic medications. In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for Lidoderm and Zanaflex. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported persistent complaints of low back and bilateral lower extremity pain with ancillary complaints of headaches. The applicant stated that she was doing some volunteering at her niece's school and was trying to engage in outside activities. The applicant did have comorbidities including asthma. The applicant was using a variety of other medications, including Wellbutrin, Carafate, Voltaren, Relpax, Norco, Remeron, and tizanidine, among others. The applicant was given a replacement TENS unit. Multiple medications were renewed. The applicant stated ongoing usage of Zanaflex was generally sufficient but that she should use Norco for more severe low back pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg tab take 1 tab every 6 hrs prn #60 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section. Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed for unlabeled use for low back pain. In this case, one of the applicant's primary pain generators is the low back (lumbar spine). Ongoing usage of tizanidine/Zanaflex has proven successful in attenuating the applicant's complaints of low back pain, it is stated on several occasions. The applicant is generally deriving appropriate analgesia with ongoing Zanaflex usage and has, furthermore, been able to maintain some function with the same. The applicant is apparently socializing with family members and is volunteering at a school. On balance, it does appear that tizanidine is generating appropriate functional improvement as defined in MTUS 9792.20f. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Lidoderm 5% (700mg/patch) adhesive patch apply 1-2 patches 12hrs on 12hrs off prn # 60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lidoderm patches can be employed off label for neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant is apparently using and tolerating gabapentin, a first line anticonvulsant adjuvant medication, effectively obviating the need for the Lidoderm patches at issued. Therefore, the request is not medically necessary.