

<b>Case Number:</b>	CM14-0020226		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Family Practice 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 57 year old claimant sustained a work injury on 6/16/05 involving the neck and right arm. She had undergone an C5-C6 discectomy and fusion and developed post-laminectomy syndrome. She had chronic headaches due to her neck pain. Since at least 2012, she had been on Zanaflex for muscle relaxation and Prilosec for GI symptoms secondary to a hiatal hernia. She had undergone epidural steroid injections. An exam report on 6/12/13 indicated the claimant had continued neck pain, headaches and low back pain to a level of 5/10. Exam findings include pain with rotation of the neck and tenderness in the occiput. The claimant was continued on Zanaflex. Lidoderm Patch samples were given and acupuncture were additionally requested. An exam report on 10/4/13 concluded further weakness in the extremities and an MRI was ordered along with 6 additional acupuncture treatments. In December 2, 2013, the claimant was noted to remain on Zanaflex and Lidoderm patches. Examination and pain was essentially unchanged. Authorization for additional acupuncture was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UES OF NSAIDs AND SSRIs Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

**ZANAFLEX 6MG, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE (ZANAFLEX) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** The MTUS guidelines indicated 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. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for years without significant improvement in function or pain. In addition, the prolonged use results in diminished effectiveness and dependence. The continued use of Zanaflex is not medically necessary.

**LIDODERM PATCHES, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

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

**Decision rationale:** According to the MTUS guidelines, Lidocaine is recommended for neuropathic pain, specifically, localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the use of Lidoderm and its application is not specified. It is not being used for diabetic neuropathy. It is not recommended for non-neuropathic pain. The continued use of Lidoderm is not medically necessary.

**ACUPUNCTURE X 10 VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Guidelines indicate that acupuncture is recommended as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to product functional improvement is 3-6 treatments at a frequency of 1-3 times per week, with an optimum duration of 1-2 months. Treatment may be continued with evidence of functional improvement. The claimant had undergone several months of acupuncture, with no documented objective evidence of functional improvement from the same. Continued intervention with acupuncture is not medically necessary.