

Case Number:	CM14-0022026		
Date Assigned:	05/09/2014	Date of Injury:	07/17/1995
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 injured worker is a 64-year-old female who reported an injury on 07/17/1995. The mechanism of injury was not included in the documentation. Per the evaluation note dated 02/19/2014, the injured worker reported bilateral low back pain radiating into the left anteromedial thigh and left anterior knee with left lower extremity numbness and paresthesias. The injured worker received a transforaminal epidural steroid injection to the L3-4 lumbar on 01/09/2014. The injured worker stated that she had 90% relief of her left lower extremity radicular symptoms and 50% relief of her low back pain since receiving the epidural steroid injection. On physical exam, there was tenderness upon palpation of the lumbar paraspinal muscles overlying the L3-5 facet joints. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally, except Gaenslen's and Patrick's maneuvers were positive on the left. Nerve root tension signs were negative bilaterally, except straight leg raise and sitting root were positive on the left. Patellar reflexes are 2+ and Achilles reflexes are 1+ bilaterally in the lower extremities. Clonus, Babinski's and Hoffmann's signs are absent bilaterally. Muscle strength was 5/5 in the bilateral lower extremities except 4+/5 strength in the left quadriceps. Sensation is intact to light touch, pinprick, proprioception, and vibration in the bilateral lower extremities except for decreased sensation to light touch in the left anterior thigh. The diagnosis for the injured worker included left lumbar radiculopathy, central disc protrusion at L3-4 and at L4-5, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar stenosis, lumbar sprain and strain, and status post L2-3 lumbar fusion. The request for authorization of medical treatment was dated 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: LIDODERM PATCH, QUANTITY: 30, FOR DATE OF SERVICE 1/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56-57; 112.

Decision rationale: Per California MTUS Guidelines, Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tricyclic or SNRI antidepressant, or an AED such as Gabapentin or Lyrica. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. Per the provided documentation, the injured worker had taken Gabapentin previously at a low dosage; however, there was a lack of documentation regarding why this medication was stopped or the efficacy of the medication. In addition, there is a lack of documentation regarding the efficacy of the Lidoderm patches including objective clinical findings to support a decrease in pain and increase in function. Therefore, the retrospective request for Lidoderm patch #30 for date of service of 01/22/2014 is not medically necessary.

RETROSPECTIVE REQUEST: TIZANIDINE 4MG, QUANTITY: 30, FOR DATE OF SERVICE 1/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

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

Decision rationale: California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of medication in this class may lead to dependence. Tizanidine is approved for management of muscle spasms and has an unlabeled use for low back pain. There is a lack of documentation regarding the efficacy of this medication including objective clinical findings to support a decrease in pain or spasms or an increase in function. In addition, the guidelines state muscle relaxants are to be utilized short-term due to the potential for dependence. The documentation provided indicated the injured worker had been using this medication long term. Therefore, the

retrospective request for Tizanidine 4 mg quantity of 30 for date of service 01/22/2014 is not medically necessary.