

Case Number:	CM14-0034944		
Date Assigned:	06/23/2014	Date of Injury:	11/11/1985
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Alabama, New York and Maryland. 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 55 year old female who was injured on 11/11/1985. She sustained an injury when she fell in the toilet when a "patient" fell on her and injured her back. The patient underwent L4-5 fusion in 01/2010 and laminectomy in 11/1997. Progress report dated 01/16/2014 indicates the patient complained low back pain and hip pain radiating to the lower extremity. The patient described the pain as shooting with numbness. She rated her pain as a 5/10 with medication. On exam, her range of motion was decreased exhibiting 0 degrees in extension, 30 degrees of flexion, 5 degrees right and left lateral flexion, and 5 degrees right and left rotation. The patient was diagnosed with lumbosacral radiculitis, post-laminectomy syndrome, lumbar lumbago, and degeneration of the lumbar disc. There are no updated progress notes for review other than progress note dated 12/07/2012 and it indicates that the patient complained of back pain and hip pain radiating to the lower extremity. She noted that she has received H-wave treatments in physical therapy and it makes her feel great. She stated that because of it, she was having fewer spasms. She was diagnosed with lumbar spine pain, lumbar spine degenerative disk disease, and lumbar spine radiculopathy. The requested treatment was Lidoderm patches and tizanidine 4 mg. Prior utilization review dated 02/28/2014 states the request for Lidoderm patches is not authorized and is not medical necessary and Tizanidine 4mg, half to one tablet by mouth daily as needed for spasm, is not authorized and is not medical necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 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 Chronic Pain Medical Treatment Guideline, Topical Analgesics Page(s): 111-113.

Decision rationale: The CPMT guidelines recommend the use of Lidoderm patches as a topical application for the treatment of neuropathic pain with trials of antidepressants or anticonvulsants have failed. The medical records do not document any clear neuropathic pain that has failed the gamut of readily available oral agents. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Tizanidine 4mg, half to one tablet by mouth daily as needed for spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The CPMT guidelines recommend the use of tizanidine for the treatment of muscle spasm of short term treatment. The medical records document the date of the injury to 1985, and chronic use would not be supported. Furthermore, the documents do not show any functional or vocational benefit with the use of the muscle relaxants. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.