

<b>Case Number:</b>	CM14-0039096		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Illinois. 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 53-year-old female who reported an injury on 01/13/2003. She reportedly fell backwards off a transporter onto the battery. On 01/08/2014, the injured worker presented with pain in the right leg and back. Current medications included Lidoderm patch, Ultracet, Zanaflex, Etodolac, levothyroxine, zolpidem, Butalb, tramadol-acetaminophen, and Oxycodone-acetaminophen. Prior treatment included a caudal, effusion, and medications. Prior electrodiagnostic studies included an MRI, EMG, NCV, and x-rays. Upon examination of the lumbar spine, there was a 6 inch scar noted over the lumbar area and scar noted over the abdominal area which is from a spinal fusion. Range of motion was restricted and limited by pain and there was tenderness and tight muscle band noted upon palpation over the paravertebral muscles. There was a positive straight leg raise to the right. Examination of the right knee noted tenderness to palpation over the patella and anterior medial screw site with movement and mild effusion in the right knee. Range of motion was restricted with flexion limited to 115 degrees limited by pain with normal extension. Examination of the right ankle noted tenderness over the Achilles tendon and medial and lateral ankle with tenderness across the anterior ankle. The injured worker is able to bear weight on the ankle. The diagnoses were lumbar radiculopathy, post lumbar laminectomy syndrome, and low back pain. The provider recommended Zanaflex and Lidoderm patch, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation. They show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of evidence of a complete and adequate pain assessment of the injured worker. Additionally, the provider's request does not indicate the dose, frequency, or quantity of the medication in the request as submitted. As such, the request is not medically necessary.

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

**Decision rationale:** The California MTUS Guidelines state Lidoderm is the brand name for lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain as there has been evidence of trial of a first line therapy, tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis that is congruent with the guidelines recommendation for Lidoderm patch, additionally there is lack of evidence that the injured worker has had a failed trial of a first line therapy. The provider's request does not indicate the quantity or frequency of the Lidoderm patch in the request as submitted. As such, the request is not medically necessary.