

Case Number:	CM14-0069634		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2013
Decision Date:	08/13/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 03/22/2013. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented with bilateral shoulder pain. The physical examination revealed bilateral shoulder tenderness and a positive impingement sign with crepitation with motion, and decrease range of motion due to pain. The diagnosis were lumbar spine signs and symptoms, cervical, trapezius signs and symptoms, right shoulder tendinitis. Parts of these notes are highly illegible. Prior treatment included medications. The provider recommended Zanaflex and Lidoderm for spasm and to resume activities of daily living. The Request For Authorization 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 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Chou. 2007).

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

Decision rationale: The request for Zanaflex 4 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as the second line option for short term treatment of acute exacerbations. They should all benefit beyond NSAIDS and pain in overall improvement and efficacy appears to diminish over time. Prolong use of some medications in this class may lead to dependence. The included documentation noted that Zanaflex is a continuing prescription medication, however, the efficacy of the medication was not provided. Additionally, the provider's request for Zanaflex does not include the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Namaka 2004) Page(s): 110-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 127.

Decision rationale: The request for Lidoderm 5% with a quantity of 30 is not medically necessary. The California MTUS Guidelines state Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. A tricyclic, SSRI, or antidepressant or an AED such as Gabapentin or Lyrica. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. They include documentation like evidence of the efficacy of the Lidoderm gel. Additionally, the provider's request does not indicate the frequency of the medication or the site that the medication is intended for in the request as submitted. As such, the request is not medically necessary.