

<b>Case Number:</b>	CM14-0071434		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/14/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational Medicine 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:

This is a 60-year-old female with a 2/14/10 date of injury; the mechanism of the injury was not described. The patient underwent lumbar fusion at L4-L5 with transitional L5-S1 segment on 02/13. The patient was seen on 12/20/13 with complaints of low back pain. Exam findings revealed tenderness in the SI joints, lumbar spine range of motion reduced to 75% and abnormal gait. The sensory exam and motor exam of the lumbar spine were normal. There were trigger points at L4, L5, sciatic nerves, and right and left L4-L5 paraspinal muscles. The patient was seen by the orthopedist on 3/27/14 with complaints of constant pain and numbness in the lower back. The patient stated that she felt worse than before the surgery. The patient was taking Lidoderm patches for her back, Celebrex, Norco, Plavix and other medications. The physical examination of the lumbar spine revealed hyperextension 10% of normal, right lateral flexion 67% of normal, left lateral flexion 25% of normal and the patient was able to reach her knees with the fingertips. There was no paravertebral muscle spasm and no local tenderness over the spine, paraspinal muscles, sacroiliac joints or sacrosciatic notches. The Patrick and Trandelenburg tests were negative. The diagnosis is lumbago. Treatment to date: medications, Tens unit, physical therapy, injections. An adverse determination was received on 4/30/14. The request for Zanaflex 2mg, Qty: 240 was denied due to a lack of documentation regarding any objective and subjective muscle spasms. The request for Lidoderm patch 5% (700mg/patch) Qty: 120 was denied due to a lack of documentation indicating that the patient tried and failed SSRI, TCS or Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg, Qty: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that 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. There is a lack of documentation indicating that the patient suffered from spasticity. The progress report dated 3/27/14 stated that there were no spasms on the physical examination. In addition, there is no rationale with clearly specified goals with the muscle relaxant treatment. Therefore, the request for Zanaflex 2mg, Qty: 240 was not medically necessary.

**Lidoderm patch 5% (700mg/patch),Qty: 120:** 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 Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The progress report dated 3/27/14 indicated that the patient was using Lidoderm patch for her back. However, there is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, it is not clear if the patient tried and failed first-line therapy for the localized peripheral pain. There is no rationale with regards to the continued treatment with Lidoderm patches. Therefore, the request for Lidoderm patch 5% (700mg/patch), Qty: 120 was not medically necessary.