

Case Number:	CM14-0075551		
Date Assigned:	07/16/2014	Date of Injury:	11/24/2010
Decision Date:	08/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 28-year-old male who reported an injury on 11/24/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 01/20/2014 indicated diagnoses of lumbar strain, lumbar radiculitis, lumbar disc protrusion, insomnia, anxiety, stress, weight gain, headaches, and gastritis. The injured worker reported when he does not take his medications, pain varied between 6 and 8 depending on activity; however, he stated with help of medication, the pain was about 3 to 4. The injured worker reported constant pain. The injured worker reported, since the last epidural injection, he had been having constant headaches; headaches felt like there was a lot of pressure all around his forehead area. On physical examination of the lumbosacral spine, the injured worker's gait pattern was slightly antalgic, and heel to toe ambulation was slightly painful. There was tenderness at the L4-5 on deep palpation, as well as bilateral posterior superior iliac spine. The injured worker's range of motion was decreased, and straight leg raise was causing hamstring tightness bilaterally, worse on the left side. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Butrans patch, tramadol, and Flexeril. The provider submitted a request for Lenza Patch and Zanaflex. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin, Lidocaine Page(s): 111, 28, 112.

Decision rationale: The request for Lenza Patches #30 is not medically necessary. Lenza Patches contain Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended; is not recommended. Capsaicin; recommended only as an option in patients who have not responded or are intolerant to other treatments. The most recent clinical note is dated 01/20/2014. The injured worker will need an updated clinical note. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Capsaicin is recommended only when patients have tried and failed other treatments; it was not indicated if the injured worker had tried and failed other treatments. Moreover, Lidocaine is only recommended in the form of the Lidoderm patch. No other commercially approved topical formulation of Lidocaine: creams, lotions, or gels, are indicated for neuropathic pain. Any compounded product that contains at least 1 drug or drug class that is not recommended; is not recommended. Furthermore, it was not indicated if the injured worker had been utilizing this medication. If so, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request does not indicate a frequency or dosage for this medication. Therefore, the request for Lenza Patches #30 is not medically necessary.

Zanaflex #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The request for Zanaflex #30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The most recent clinical note was dated 01/20/2014. A more current clinical note is warranted. In addition, the injured worker is already prescribed a muscle relaxer. It is not indicated why the injured worker would need to be prescribed two muscle relaxers. In addition, the request does not indicate a dosage or frequency for the medication. Furthermore, the provider did not indicate a rationale for the request; therefore, the request is not medically necessary.

