

Case Number:	CM14-0081213		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2010
Decision Date:	12/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 30-year-old female with a 4/2/10 date of injury. At the time (4/21/14) of request for authorization for Lidoderm 5% patches 12 hrs on 12hrs off #30 and Tizanidine 4mg BID #60, there is documentation of subjective (chronic low back pain and chronic moderate to severe lower extremity pain in the right thigh and knee with spasm) and objective (tenderness to palpation over the right knee with decreased range of motion, decreased strength and hypersensitivity of the right lower extremity, and right thigh muscle spasms) findings, current diagnoses (right knee pain and status post right thigh mass removal), and treatment to date (ongoing therapy with Norco). Medical report identifies a request to start the patient on Lidoderm patches and Tizanidine. Regarding Lidoderm 5% patches 12 hrs on 12hrs off #30, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Regarding Tizanidine 4mg BID #60, there is no documentation of acute exacerbation of chronic pain and an intention for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches 12 hrs on 12hrs off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of right knee pain and status post right thigh mass removal. In addition, there is documentation of a request to start the patient on Lidoderm patch. Furthermore, there is documentation of neuropathic pain. However, there is no documentation of evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 5% patches 12 hrs on 12hrs off #30 is not medically necessary.

Tizanidine 4mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar right knee pain and status post right thigh mass removal. In addition, there is documentation of a request to start the patient on Tizanidine. Furthermore, there is documentation of chronic pain and spasms. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of a request for Tizanidine 4mg BID #60, there is no (clear) documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg BID #60 is not medically necessary.