

Case Number:	CM14-0199883		
Date Assigned:	12/10/2014	Date of Injury:	10/12/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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:

Patient is a 63 year-old male with date of injury 10/12/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/31/2014, lists subjective complaints as pain in the neck with radicular pain to the right upper extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the spinous processes and bilateral cervical paraspinal facet joints and right greater than left trapezii. Shoulder provocative testing was negative. Range of motion was restricted in all planes. Bilateral upper extremity sensory examination was reduced on the right in the C5-6 distribution. Diagnosis: 1. Cervical degenerative disc disease 2. Cervical radiculopathy 3. Cervical myofascial pain involving the right trapezius and rhomboid muscles 4. Deconditioning. The medical records supplied for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 10/31/2014. Medication: 1. Zanaflex 4mg, #30 Sig: one tablet by mouth at bedtime 2. Lidocaine Ointment 5%, 2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg # 30, three refills, 1 tablet by mouth at bed time: Upheld

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

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

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been prescribed a large quantity of Zanaflex. Zanaflex 4 mg # 30, three refills, 1 tablet by mouth at bedtime is not medically necessary.

Lidocaine Ointment 5%, 2 tubes, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS recommends lidocaine only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine Ointment 5%, 2 tubes, two refills is not medically necessary.