

<b>Case Number:</b>	CM15-0131689		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 47 year old male, who sustained an industrial injury on 8/26/09. The injured worker was diagnosed as having right shoulder pain. Treatment to date has included a rhizotomy in September 2014 and medication. Physical examination findings on 6/3/15 included left hemiparesis in the form of contracture and hemiplegia. Moderate pain over the lower lumbar facet at L4-5 and L5-S1 was noted. Facet loading caused pain bilaterally and muscle rigidity was noted through this region. Currently, the injured worker complains of sharp and tight muscle spasms to the low back. The treating physician requested authorization for Lidocaine pad 5% #30 with 5 refills and Tizanidine 4mg #30 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5%, #30 with 5 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 Lidoderm Page(s): 56-57.

**Decision rationale:** The requested Lidocaine pad 5%, #30 with 5 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has left hemiparesis in the form of contracture and hemiplegia. Moderate pain over the lower lumbar facet at L4-5 and L5-S1 was noted. Facet loading caused pain bilaterally and muscle rigidity was noted through this region. Currently, the injured worker complains of sharp and tight muscle spasms to the low back. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine pad 5%, #30 with 5 refills is not medically necessary.

**Tizanidine 4mg, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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

**Decision rationale:** The requested Tizanidine 4mg, #30 with 5 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has left hemiparesis in the form of contracture and hemiplegia. Moderate pain over the lower lumbar facet at L4-5 and L5-S1 was noted. Facet loading caused pain bilaterally and muscle rigidity was noted through this region. Currently, the injured worker complains of sharp and tight muscle spasms to the low back. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg, #30 with 5 refills is not medically necessary.