

Case Number:	CM15-0138411		
Date Assigned:	07/30/2015	Date of Injury:	07/28/2008
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Physical Medicine & Rehabilitation

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 33 year old female, who sustained an industrial injury on 07/28/2008. She has reported subsequent neck, left shoulder and left upper extremity pain and was diagnosed with myalgia and myositis, cervicalgia, chronic pain syndrome and osteoarthritis of the shoulder. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. Documentation shows that Etodolac and Tizanidine were prescribed as far back as 07-01-2011. Tizanidine was discontinued on 08-23-2013 and Etodolac was discontinued on 02/07/2014. It appears that these medications were discontinued due to inefficacy and other medications were prescribed. Lidoderm patches were prescribed as far back as 03-23-2012. There was no evidence of significant pain relief or functional improvement with the use of these medications. In a progress note dated 05/15/2015, the injured worker complained of diffuse neck and left shoulder pain. The injured worker's gait and movements were noted to be within baseline for their level of function and neurological examination was noted to be unchanged from baseline level of function but no specific objective examination findings were provided. The injured worker was noted to be off work. A request for authorization of Etodolac ER (extended release) 500 mg quantity of 30 with 3 refills, Tizanidine HCL (hydrochloride) 4 mg quantity of 30 with 3 refills and Lidocaine 5% patches, 4 boxes/15 patches (700 mg/patch), quantity of 60 with 3 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac ER (extended release) 500 mg Qty 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The 33-year-old patient complains of diffuse neck pain and left shoulder pain, as per progress report dated 05/15/15. The request is for Etodolac ER (extended release) 500 mg Qty 30 with 3 refills. There is no RFA for this case, and the patient's date of injury 07/02/08. Diagnoses, as per progress report dated 05/15/15, pain in limb, myalgia and myositis, pain disorder related to psychological factors, chronic pain syndrome, and long term use of medications. The patient is status post shoulder surgery. Current medications included Cyclobenzaprine, Lidoderm patch, Vicodin gel, and Voltaren tablet. Requested medications included Etodolac, Tizanidine and Lidocaine patch. The patient is not working, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only one progress report dated 05/15/15 is available for review, and it contains a prescription for Etodolac. It is, however, not clear if the patient has used this medication in the past or if this is the first prescription. The progress report documents prior use of Voltaren tablet but the treater does not explain the reason for the switch. Nonetheless, in the report, the treater states that medications produce "an appreciable degree of pain relief. The current medication allows them to achieve higher degree of daily function". As per the report, the patient has reduced function and increased pain without medications. There are no adverse side effects due to the medications. Given the documentation of efficacy, the request appears reasonable and is medically necessary.

Tizanidine HCL (hydrochloride) 4 mg Qty 30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 66.

Decision rationale: The 33 year old patient complains of diffuse neck pain and left shoulder pain, as per progress report dated 05/15/15. The request is for Tizanidine HCL (hydrochloride) 4

mg Qty 30 with 3 refills. There is no RFA for this case, and the patient's date of injury 07/02/08. Diagnoses, as per progress report dated 05/15/15, pain in limb, myalgia and myositis, pain disorder related to psychological factors, chronic pain syndrome, and long term use of medications. Current medications included Cyclobenzaprine, Lidoderm patch, Vicodin gel, and Voltaren tablet. Requested medications included Etodolac, Tizanidine and Lidocaine patch. The patient is not working, as per the same progress report. MTUS Chronic Pain Guidelines pg. 66 under Anti-spasticity/Anti-spasmodic Drugs states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" In this case, only one progress report dated 05/15/15 is available for review, and it contains a prescription for Tizanidine. It is, however, not clear if the patient has used this medication in the past or if this is the first prescription. The progress report documents prior use of Cyclobenzaprine. The treater does not explain the reason for the switch. In the report, the treater states that medications produce "an appreciable degree of pain relief. The current medication allows them to achieve higher degree of daily function". As per the report, the patient has reduced function and increased pain without medications. There are no adverse side effects due to the medications. The MTUS guidelines support the usage of Tizanidine for chronic pain and given the documentation of medication efficacy, the request is medically necessary.

Lidocaine 5% patch, 4 boxes/15 patches (700 mg/patch), Qty 60 with 3 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 (lidocaine patches) Page(s): 56-57.

Decision rationale: The 33 year old patient complains of diffuse neck pain and left shoulder pain, as per progress report dated 05/15/15. The request is for Lidocaine 5% patch, 4 boxes/15 patches (700 mg/patch), Qty 60 with 3 refills. There is no RFA for this case, and the patient's date of injury 07/02/08. Diagnoses, as per progress report dated 05/15/15, pain in limb, myalgia and myositis, pain disorder related to psychological factors, chronic pain syndrome, and long term use of medications. Current medications included Cyclobenzaprine, Lidoderm patch, Vicodin gel, and Voltaren tablet. Requested medications included Etodolac, Tizanidine and Lidocaine patch. The patient is not working, as per the same progress report. MTUS Chronic Pain guidelines page 56-57 and Lidoderm (lidocaine patches) section states, "Lidoderm is the brand name for a chatelaine produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally

indicated as local anesthetics and anti-pruritics. MTUS Page 112 regarding Lidocaine also states, "Lidocaine indication: neuropathic pain recommended for localized peripheral pain". In this case, only one progress report dated 05/15/15 is available for review, and it contains a prescription for Lidoderm patch. It is evident that the patient has been using the topical in the past. However, the report does not indicate when this treatment modality was initiated. In the report, the treater states that medications produce "an appreciable degree of pain relief. The current medication allows them to achieve higher degree of daily function". As per the report, the patient has reduced function and increased pain without medications. There are no adverse side effects due to the medications. The treater also states that "she relies on lidocaine patches for the highest amount of pain relief". While the patch does appear efficacious, there is no documentation of neuropathic pain for which it is indicated. Hence, the request is not medically necessary.