

Case Number:	CM15-0140623		
Date Assigned:	07/30/2015	Date of Injury:	11/13/2001
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 11-13-01 Initial complaint were of her low back injury. The injured worker was diagnosed as having cervical discogenic disease; right wrist and shoulder pain; lumbar discogenic pain. Treatment to date has included status post lumbar laminectomy (2001); status post L4-5 hemilaminectomy (2003); status post carpal tunnel release; epidural steroid injections; physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 6-23-15 indicated the injured worker was seen on re-evaluation. She is a status post lumbar laminectomy (2001); status post repeat L4-5 hemilaminectomy (2003). Subsequently, she has had ongoing severe pain and has not been relieved. Her medications include Tylenol #3 and cyclobenzaprine. She has received epidural steroid injections recently with excellent results on a yearly basis. She is now transferring her primary care to this provider. She reports that she is now having much more neck pain and low back pain. She has not had any medications as she has not been in this office for five months and her low back pain is concerning her. Her last epidural was more than one year ago. Her neck pain is also a concern and will need a MRI of the cervical spine for possible therapy. A urine drug screening was done on this date and appropriate. A physical examination was documented. He recommends a cervical MRI and refill of medications. The provider is requesting authorization of 60 Tablets of Tizanidine; 60 Capsules of Gabapentin and 60 Patches of Lidoderm 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Tizanidine: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is [REDACTED] approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior years (Cyclobenzaprine). Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.

60 Capsules of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

60 Patches of Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the [REDACTED] for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was still provided oral analgesics including Tramadol without noted reduction in use. The request for Lidoderm patches as above is not medically necessary.