

<b>Case Number:</b>	CM15-0168880		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: North Carolina

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 54-year-old female, who sustained an industrial injury on 9-20-13. The injured worker has complaints of low back pain and leg pain, left greater than right, neck pain and left buttock pain with spasm and tightness. The injured worker complains of numbness in the legs and intermittent weakness sensation and that her symptoms are worse with activity and slightly better with rest and medications. Lumbar spine examination reveals diffuse tenderness to palpation over the left-sided lumbar paraspinal region estimated from L3-S1 (sacroiliac) paraspinal, tenderness over the left quadratus lumborum muscles and tenderness to palpation over the left PSIS (posterior superior iliac spine) buttock region. There is tenderness over the left buttock overlying the piriformis muscles. Cervical spine examination reveals mild tenderness at the midline; diffuse tenderness over the cervical paraspinal muscle, left greater than right, with muscle tightness and tenderness to palpation over the bilateral trapezius muscle with tightness, left greater than right. The documentation noted on 5-27-15 the injured worker had a history of gastric bypass surgery four years prior and is limited on what medications she can take. The documentation noted the injured worker cannot take non-steroidal anti-inflammatory medications due to the history of lap band. The diagnoses have included lumbago; status post mechanical fall; cervical strain; tension type headache associated with neck pain and lumbar sprain with intermittent lumbar radiculitis. Magnetic resonance imaging (MRI) of the lumbar spine on 12-30-14 showed posterior disc bulges, 2 millimeter L2-3, 4 millimeter at the narrowed L3-5, 2 millimeter at eh L4-5 where there is an annular fissure in the posterior aspect of the disc with mild transverse narrowing of the central canal at L3-4; mild bilateral L3-4 facet hypertrophy and neuroforaminal narrowing bilaterally, mild at L3-4, slight to mild on left and mild on right L4-5. Electromyography/nerve conduction study of the lower extremities on 9-18-14 showed probable

mild left L2 lumbar radiculopathy. Electromyography/nerve conduction study on 9-25-14 of the upper extremities was normal. Lumbar spine X-ray on 9-23-13 showed straightening of the cervical spine possibly due to muscle spasm. Treatment to date has included heat Thermacure wrap for her neck and back; 12 physical therapy sessions, which was highly beneficial; acupuncture; Zanaflex for spasms; gabapentin; Ultram; Tylenol for pain and Lidoderm patch. The documentation noted on 5-27-15 the injured worker stated she only take her medication as needed that she does not take them regularly. The injured worker reports that without her pain relievers her pain level is 7 out of 10 moderate to severe depending on activity and that with pain relievers they reduce the pain to a tolerable level. The injured worker reports physical functioning and activity of daily living are better pain relievers. The original utilization review (8-24-15) non-certified the request for Zanaflex 4 mg #30, per 05-27-15 order quantity 30 and Lidoderm patch, per 05-27-15 order quantity 30 as they were neither medically necessary nor appropriate.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm patch, per 05/27/15 order qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. 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. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

**Zanaflex 4 mg #30, per 05/27/15 order qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.