

Case Number:	CM15-0180683		
Date Assigned:	09/22/2015	Date of Injury:	07/15/2006
Decision Date:	10/26/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial injury on July 15, 2006. Medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome of the upper extremity, right shoulder impingement, right elbow tendinitis, headaches, anxiety and depression. The injured workers current work status was not identified. Current documentation dated June 28, 2015 notes that the injured worker reported right upper extremity pain. The injured worker underwent a stellate ganglion injection on 5-7-2015 and reports fifty percent pain relief and eighty percent increased functional ability. The injured workers pain was rated 4-6 out of 10 with the injections and 4-8 before the injections. Objective findings note an improved range of motion of the right upper extremity. Treatment and evaluation to date has included medications, stellate ganglion injections and a home exercise program. The injured worker noted that with each subsequent stellate ganglion injection the pain relief was getting better and lasting longer. Current medications include Tramadol, Lidoderm 5% patches and Zanaflex, which have been prescribed since at least March of 2015. The treating physician's request for authorization dated August 3, 2015 includes requests for Lidoderm 5% patches # 30 and Zanaflex 4 mg # 30. The Utilization Review documentation dated August 10, 2015 non-certified the requests for Lidoderm 5% patch # 30 and Zanaflex 4 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2006 and continues to be treated for chronic right upper extremity pain including a diagnosis of CRPS. His original injury occurred when he had extended his right wrist and subsequent treatments have included arthroscopic surgery and a right wrist reconstruction. Recent treatments include stellate ganglion blocks. When seen, he was continuing to receive benefit from the injection performed in February 2015. Right carpal tunnel surgery was pending. Physical examination findings included positive Tinel's and Phalen's testing. Lidoderm was continued and Zanaflex was restarted. It was previously being prescribed in June 2015. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepilepsy drug such as gabapentin or Lyrica. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.

Zanaflex 4mg #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 claimant sustained a work injury in July 2006 and continues to be treated for chronic right upper extremity pain including a diagnosis of CRPS. His original injury occurred when he had extended his right wrist and subsequent treatments have included arthroscopic surgery and a right wrist reconstruction. Recent treatments include stellate ganglion blocks. When seen, he was continuing to receive benefit from the injection performed in February 2015. Right carpal tunnel surgery was pending. Physical examination findings included positive Tinel's and Phalen's testing. Lidoderm was continued and Zanaflex was restarted. It was previously being prescribed in June 2015. Zanaflex (tizanidine) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off- label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition and there were no spasms recorded at the last examination. It is not medically necessary.