

Case Number:	CM15-0186056		
Date Assigned:	09/28/2015	Date of Injury:	08/13/2010
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for neck, low back, and shoulder pain reportedly associated with an industrial injury of August 13, 2010. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for Lidoderm patches and tizanidine. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 26, 2015, the applicant reported ongoing complaints of neck pain status post earlier Botox injection. Repeat Botox injections were sought. The applicant was described as having residual complaints of muscle spasms present. The applicant's work status was not detailed. On an RFA form dated August 27, 2015, Lidoderm patches and tizanidine were endorsed. On a separate progress note dated August 27, 2015, the applicant reported ongoing complaints of neck, low back, and jaw pain with derivative complaints of headaches. The applicant was on Soma and Norco, it was reported in one section of the note. The applicant completed a functional restoration program. The attending provider suggested that the applicant employ Lidoderm patches and a different muscle relaxant, tizanidine, seemingly on the grounds that the claims administrator had failed to approve Soma. Lidoderm patches were also endorsed for the first time. Zoloft was endorsed for both depression and chronic pain purposes. The applicant's work status was not explicitly detailed, although it did not appear the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% qty: 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a first-time request for Lidoderm patches. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the August 27, 2015 office visit failed to outline evidence of antidepressant and adjuvant medications or anticonvulsant adjuvant medications prior to introduction of the Lidoderm patches in question. Therefore, the request was not medically necessary.

Tizanidine 4mg qty: 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: Similarly, the request for tizanidine (Zanaflex) was likewise not medically necessary, medically appropriate, or indicated here. The requesting in question was framed as a first-time request for tizanidine or Zanaflex on August 26, 2015. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity, but can be employed for unlabelled use for low back pain, as was present here, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that analgesic medications should show effect within "1 to 3 days." Here, thus, the first time request for 30 tablets of tizanidine with four refills was at odds with both page 60 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 7 of the MTUS Guidelines, which also stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, furnishing the applicant with what amounted a five-month supply of tizanidine was at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines as it did not contain a proviso to reevaluate the applicant following introduction of the same before moving forward with such a large amount of tizanidine. Therefore, the request was not medically necessary.