

Case Number:	CM15-0020318		
Date Assigned:	02/09/2015	Date of Injury:	02/13/2003
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, New York
 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 51 year old female, who sustained an industrial injury on December 13, 2003. The injured worker has reported neck, shoulder and low back pain. The diagnoses have included cervical degenerative disc disease, bilateral shoulder arthroscopy secondary to rotator cuff tear, severe neuropathic pain, myofascial pain syndrome and chronic pain syndrome. Treatment to date has included pain medication, a shoulder injection, psychological evaluations, an MR Arthrogram, a home exercise program and a walking program. The injured worker was noted to have had relief from the shoulder injection. Current documentation dated January 15, 2015 notes that the injured worker complained of persistent neck pain, shoulder pain, low back pain and headaches. The neck pain radiated into the left upper extremity down to the fingers. Physical examination of the cervical spine revealed decreased range of motion. The injured worker appeared anxious. On January 27, 2015 Utilization Review non-certified a request for Tizanidine 4 mg # 60 and Lidoderm 5% patches for muscle spasms. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of Tizanidine 4 mg # 60 and Lidoderm 5% patches for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizadine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." Efficacy wanes over time and chronic use may result in dependence. The patient does not have documented muscle spasms. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

Lidoderm patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, topical analgesics Page(s): 56-57, 111-112.

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. The patient does not have the diagnosis of post-herpetic neuralgia. Therefore, the request is considered medically unnecessary.