

<b>Case Number:</b>	CM15-0027316		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/14/1999
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old female, who sustained a work related injury on 4/14/99. The diagnoses have included degenerative disc disease and cervical spine pain with radiculopathy. Treatments to date have included oral medication, injections, Lidoderm patches, x-rays, MRIs, CT scans, neck surgery x 2, physiotherapy with chiropractic manipulation and EMG/NCV studies. In the orthopedic PR-2 dated 11/24/14, the injured worker complains moderate neck pain. She rates this pain the pain a 6/10. She has constant pain radiating to bilateral arms and hands with numbness, tingling, cramping and aching feelings. She complains of limited range of motion with activities. She complains of anxiety, depression, insomnia and nervousness. On 1/8/15, Utilization Review non-certified requests for Lidoderm 5% patch, #30 and Zanaflex 4mg., #15. The California MTUS, Chronic Pain Treatment Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp, 12th edition, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** This patient presents with neck pain that radiates into the bilateral shoulders, arms and hands with associated numbness and tingling. The current request is for LIDODERM 5% PATCH #30. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "topical lidocaine may be 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. The patient does not present with peripheral and localized neuropathic pain. The patient has neck pain with radiating upper extremity symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. Furthermore, there is no evidence of trial and failure of anti-depressant or AED medications. The request IS NOT medically necessary.

**Zanaflex 4mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** This patient presents with neck pain that radiates into the bilateral shoulders, arms and hands with associated numbness and tingling. The current request is for ZANAFLEX 4MG #15. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. However, in this patient, there is no discussion specific to Zanaflex indicating that the medication is helping with the patient's pain or spasms. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be support. This request IS NOT medically necessary.