

Case Number:	CM15-0029734		
Date Assigned:	02/23/2015	Date of Injury:	10/12/1998
Decision Date:	04/14/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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 53-year-old female who sustained an industrial related injury on 10/12/98. The injured worker had complaints of neck pain, shoulder pain, and upper extremity pain. Diagnoses included arm pain, cervical radiculopathy, cervicalgia, chronic intractable pain, cervical degenerative disc disease, depression, cervical post-laminectomy syndrome, and thoracic outlet syndrome. Medication included MS Contin, OxyContin, Voltaren gel, and Zanaflex. The treating physician requested authorization for a 1 month supply of Lidoderm patches and a 1 month supply of Tizanidine tablets. On 1/19/15 the requests were non-certified. Regarding Lidoderm, the utilization review (UR) physician cited Medical Treatment Utilization Schedule (MTUS) guidelines and noted there are no subjective findings to support a diagnosis of neuropathy. Regarding Tizanidine, the UR physician cited the MTUS guidelines and noted there was no complaint or physical examination findings of spasticity or spasms warranting its use. Therefore, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Lidoderm patches: Upheld

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

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: The patient presents with neck pain, shoulder pain, and upper extremity pain. The request is for 1 MONTH SUPPLY OF LIDODERM PATCHES. The RFA is not provided. Patient's diagnosis included arm pain, cervical radiculopathy, cervicgia, chronic intractable pain, cervical degenerative disc disease, depression, cervical post-laminectomy syndrome, and thoracic outlet syndrome. Patient's work status is not known. MTUS 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Terocin 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 documenting pain and function. Treater does not document the area of treatment nor how the patches will be used, with what efficacy. In this case, a prescription for Lidoderm patch was first noted in progress report dated 09/03/14 and the patient has received the patch consistently since then. Although it is acknowledged that the patient presents with pain consistent with a neuropathic etiology, the patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidoderm patch use. Shoulder is not a peripheral joint and these patches are not indicated for low back pain or axial chronic pain. The request IS NOT medically necessary.

1 Month Supply of Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain: ANTISPASTICITY/ANTISPASMODIC DRUGS Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with neck pain, shoulder pain, and upper extremity pain. The request is for 1 MONTH SUPPLY OF TIZANIDINE. The RFA is not provided. Patient's diagnosis included arm pain, cervical radiculopathy, cervicgia, chronic intractable pain, cervical degenerative disc disease, depression, cervical post-laminectomy syndrome, and thoracic outlet syndrome. Patient's work status is not known. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. MTUS Guidelines pages 63 through 66 state, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Tizanidine is FDA approved for management of spasticity and unlabeled use for low back pain, and myofascial pain. The patient, however, presents with neck pain, shoulder pain, and upper extremity pain. Review of the medical reports does not show subjective complains or objective physical findings of spasticity, myofascial pain, low back pain or fibromyalgia for which this medication may be indicated. The request IS NOT medically necessary.