

<b>Case Number:</b>	CM15-0212903		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/14/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 30 year old male, who sustained an industrial injury on 9-14-2014. The injured worker is undergoing treatment for: lumbar strain and radiculitis. On 8-19-15, he rated his low back pain 7-8 and stated "medications are not helping very well, still having excruciating pain." On 9-16-15, he reported low back pain rated 9 out of 10. He indicated medications to initially take his pain level down by 25 percent, and "now they are not helping very well." Objective findings revealed antalgic gait, unable to do heel and toe walk due to pain, tenderness in the thoracolumbar paravertebrals, decreased lumbar range of motion, positive straight leg raise testing bilaterally. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (10-21-15), home exercise program. Medications have included: Tizanidine, Lidoderm patches, Ultracet. The records indicate he has been utilizing Tizanidine and Lidoderm patches since at least August 2015, possibly longer. Current work status: modified. The request for authorization is for: Tizanidine 2mg, one tablet by mouth at bedtime, quantity 30; Lidoderm 5 percent patch every 12 hours, quantity 30. The UR dated 10-2-2015: non-approved the request for Tizanidine 2mg, one tablet by mouth at bedtime, quantity 30; Lidoderm 5 percent patch every 12 hours, quantity 30.

### 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 Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine pad 5% #30 is not medically appropriate and necessary.

**Tizanidine 2mg #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:** Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been taking Tizanidine for longer than 3 weeks which exceeds guideline recommendations. The request for Tizanidine 2 mg #30 is not medically appropriate and necessary.