

Case Number:	CM15-0215043		
Date Assigned:	11/04/2015	Date of Injury:	06/07/2002
Decision Date:	12/16/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 57 year old male, who sustained an industrial injury on 06-07-2002. The injured worker is currently working. Medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement, lumbago, and sacroiliac instability. Treatment and diagnostics to date has included lumbar spine surgery, sacroiliac injections, x-rays, and medications. Recent medications have included Morphine, Norco, Lidoderm (since at least 05-11-2015), and Zanaflex (since at least 05-11-2015). Subjective data (08-31-2015 and 10-12-2015), included buttock pain. Objective findings (10-12-2015) included tenderness over bilateral upper sacroiliac joints, positive Fortin's, Faber's, and Patrick's tests, and negative straight leg raise test. The request for authorization dated 10-12-2015 requested Lunesta, Carbamazepine, Avinza, Fortesta, Norco, and Lidoderm 5% patch #30-apply 1 to skin, 12 hours on, 12 hours off x 3 refills, and Fortesta. The Utilization Review with a decision date of 10-20-2015 non-certified the request for Zanaflex 4mg #60 x 3 refills and Lidoderm 5% #30 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The requested Zanaflex 4mg #60 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has buttock pain. Objective findings (10-12-2015) included tenderness over bilateral upper sacroiliac joints, positive Fortin's, Faber's, and Patrick's tests, and negative straight leg raise test. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #60 with 3 refills is not medically necessary.

Lidoderm 5% #30 with 3 refills: 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): Lidoderm (lidocaine patch).

Decision rationale: The requested Lidoderm 5% #30 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has buttock pain. Objective findings (10-12-2015) included tenderness over bilateral upper sacroiliac joints, positive Fortin's, Faber's, and Patrick's tests, and negative straight leg raise test. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% #30 with 3 refills is not medically necessary.