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| Case Number: | CM15-0223358 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 07/15/2009 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 7-15-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel syndrome, bilateral elbow pain, left shoulder pain, left shoulder osteoarthritis, left shoulder bursitis, and intractable periscapular pain. On 9-22-2015, the injured worker reported neck pain that radiated down the bilateral upper extremities, low back pain that radiated down the right lower extremity, upper extremity pain in the left shoulder, lower extremity pain in the right foot and leg, and ongoing temporal headaches, with the pain rated 4 out of 10 in intensity on average with medications since the previous visit, and 7 out of 10 in intensity on average without medications since the previous visit, with the injured worker reporting the pain unchanged since the previous visit. The single submitted Treating Physician's report dated 9-22-2015, noted the injured worker with an acute chronic exacerbation of pain symptoms, reporting ongoing activities of daily living (ADLs) limitations due to pain, rated as 7 on a scale where 0 is no interference and 10 is unable to carry on any activities. The injured worker reported use of current medications was helpful with functional improvement including the ability to attend church, bathing, brushing teeth, caring for pet, hair care, cooking, mood, sleeping, and standing. The injured worker was noted to be trying to exercise three times a week independently in the pool. The injured worker's current medications were noted to include Hydrocodone, noted to be ineffective for the month with difficulty coping and the injured worker was requesting to change medication temporarily, agreeing to one month change only to Percocet. A CURES report from 11-18-2014 was noted to have no inconsistencies. The physical examination was noted to show the injured worker in moderate distress with tenderness to palpation in the bilateral paravertebral C4-C7 area and L4-

S1 levels. The cervical spine and lumbar spine range of motion (ROM) was noted to be limited secondary to pain with myofascial trigger points noted in the left rhomboid muscles and the lumbar paraspinous muscles bilaterally. The Physician noted the injured worker had an interval worsening-change in condition over a three-month period. Prior treatments have included Fluoxetine, Voltaren gel, and Zantac. The treatment plan was noted to include continued on-going home exercise program (HEP), a sciatic therapeutic pillow, and current medications of Lidoderm patches, Tizanidine, Percocet, and Gabapentin. The injured worker's work status was noted to be currently not working, temporarily totally disabled. The request for authorization was noted to have requested Percocet 10-325mg #120, Gabapentin 600mg #120, Tizanidine 4mg #60, and Lidoderm 5% patch #30. The Utilization Review (UR) dated 10-22-2015, certified the requests for Percocet 10-325mg #120 and Gabapentin 600mg #120, and non-certified the requests for Tizanidine 4mg #60 and Lidoderm 5% patch #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): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in July 2009. When seen in September 2015 her pain was unchanged. She was continuing to be treated for neck pain with radiating symptoms into the upper extremities, low back pain with radiating symptoms into the right lower extremity, left shoulder pain, and right leg and foot pain. She was having ongoing headaches. Medications are referenced as decreasing pain from 7/10 to 4/10. She was trying to exercise independently in a pool. She was continuing to receive medications from her psychiatrist. Acupuncture treatments had been requested. Physical examination findings included appearing in moderate distress and she was tearful. There was decreased cervical and lumbar spine range of motion with trigger points and muscle spasms. There was decreased right lower extremity strength and sensation with positive right straight leg raising. There was left shoulder, bilateral elbow, and right wrist and hand tenderness and she was wearing a right wrist splint. There was moderately decreased left shoulder range of motion with popping sounds and increased scapular winging was noted. There was right ankle tenderness with mild swelling. Authorization was requested for therapeutic pillows. An epidural injection was offered but was declined. Her current medications were renewed. Lidoderm, and tizanidine, Percocet, and gabapentin were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.

Tizanidine 4mg #60: 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: The claimant sustained a work injury in July 2009. When seen in September 2015 her pain was unchanged. She was continuing to be treated for neck pain with radiating symptoms into the upper extremities, low back pain with radiating symptoms into the right lower extremity, left shoulder pain, and right leg and foot pain. She was having ongoing headaches. Medications are referenced as decreasing pain from 7/10 to 4/10. She was trying to exercise independently in a pool. She was continuing to receive medications from her psychiatrist. Acupuncture treatments had been requested. Physical examination findings included appearing in moderate distress and she was tearful. There was decreased cervical and lumbar spine range of motion with trigger points and muscle spasms. There was decreased right lower extremity strength and sensation with positive right straight leg raising. There was left shoulder, bilateral elbow, and right wrist and hand tenderness and she was wearing a right wrist splint. There was moderately decreased left shoulder range of motion with popping sounds and increased scapular winging was noted. There was right ankle tenderness with mild swelling. Authorization was requested for therapeutic pillows. An epidural injection was offered but was declined. Her current medications were renewed. Lidoderm, and tizanidine, Percocet, and gabapentin were prescribed. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. It appears ineffective as the claimant has ongoing muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. Tizanidine is not medically necessary.