

<b>Case Number:</b>	CM15-0038271		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/13/1996
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 55-year-old male, who sustained an industrial injury on 3/13/1996. The current diagnosis is post lumbar laminectomy syndrome. According to the progress report dated 2/4/2015, the injured worker complains of chronic low back pain. The current medications are Ambien, Lorazepam, Provigil, Gabapentin, Omeprazole, Caltrate, Miralax, Zanaflex, Lidoderm patch, Norco, OxyContin, Lexapro, and Flexeril. Treatment to date has included medication management, MRI studies, computed tomography scan, lumbar epidural steroid injection, and surgical intervention. The plan of care includes prescription for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Medications for Chronic Pain Page(s): 56-57, 60, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lidoderm.

**Decision rationale:** MTUS guidelines states 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). Guidelines also states that lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain. The Official Disability Guidelines states that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. The Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Lidoderm patches have been included in patient's medications, according to reports dated 09/11/14, 12/04/14, and 03/04/15. Per 03/04/15 appeal letter, the treating physician states that Lidoderm patches provide sustained pain relief with use and allows [the patient] to better accomplish his activities of daily living such as meal preparation and light housework. The patient reports that without this medication, he has difficulty accomplishing his activities of daily living. However, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS Guidelines require recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with localized, peripheral neuropathic pain, for which this medication is indicated. Lidocaine patches are not supported for low back pain condition. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Zanaflex 4mg, #90:** Overturned

**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, Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that 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. Guidelines also states that a record of pain and function with the medication should be recorded, when medications are used for chronic pain. Zanaflex has been included in that patient's medications, according to reports dated 09/11/14, 12/04/14, and 03/04/15. According to the 03/04/15 appeal letter, the treating physician states that the patient reports that the medication is helpful for spasm relief. He uses this for flares of spasms and helps him better accomplish his activities of daily living. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain and documented some improvement with Tizanidine, the request is medically necessary.

**Caltrate 600mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/caltrate.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Vitamin use (for stress reduction); Pain Chapter, Vitamin D (cholecalciferol) and on the website Drugs.com ([www.drugs.com](http://www.drugs.com)).

**Decision rationale:** According to the website, Drugs.com, Caltrate is a calcium carbonate with vitamin D. It is used for treating or preventing calcium deficiency. Caltrate 600+D is a dietary supplement. It works by providing extra calcium to the body. The Official Disability Guidelines states that vitamin use (for stress reduction) is under study. Multi-vitamin and mineral supplements were been found to help reduce feelings of stress and anxiety in one clinical trial. More trials need to be conducted. Official Disability Guidelines also states that vitamin D is not recommended for the treatment of chronic pain based on recent research. Although it is not recommended as an isolated pain treatment, vitamin D supplementation is recommended to supplement a documented vitamin deficiency, which is not generally considered a workers' compensation condition. Musculoskeletal pain is associated with low vitamin D levels but the relationship may be explained by physical inactivity and/or other confounding factors. The Chronic Pain Medical Treatment Guidelines states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Caltrate has been included in patient's medications according to reports dated 09/11/14, 12/04/14, and 03/04/15. The treating physician has not provided reason for the request. There is no mention of Calcium or Vitamin D deficiency, nor documentation of Vitamin D laboratory level to show deficiency and the need for this supplement. There is no documentation of improvement in pain, function or quality of life. This request does not appear to be in accordance with guidelines. Therefore, the request is not medically necessary.