

<b>Case Number:</b>	CM15-0039632		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/28/2000
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/18/2015
<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 52 year old female, who sustained an industrial injury on 01/28/2000. She has reported subsequent back pain and was diagnosed with lumbar and thoracic sprain/strain and lumbar spine radiculopathy. Treatment to date has included oral and topical pain medication, physical therapy and epidural injections. In a progress note dated 01/28/2015, the injured worker complained of back pain radiating to the legs that was rated as a 6/10. Objective findings were notable for reduced range of motion of the spine and mildly positive paraspinal tenderness to percussion. The physician noted that Lidoderm patches and Tizanidine refills would be requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The most recent medical treatment report provided is dated 01/26/15 and states that the patient presents with pain in the thoracolumbar spine radiating down both legs with numbness and tingling all the way to the bottom of the right foot. The patient's diagnoses include right lower extremity paresthesias. The current request is for LIDODERM PATCHES 5% #30 W/2 REFILLS. The RFA is not included. The 02/18/15 utilization review states the request was received 02/05/15. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The reports provided for review show the patient has been prescribed this medication since before 08/22/14. Recent reports provided for review do not discuss the intended use of Lidoderm Patch. In this case, the patient does appear to have neuropathic pain into the lower extremities; however, this appears to be non-dermatomal referred pain and not the localized peripheral neuropathic pain for which this medication is indicated. The request IS NOT medically necessary.

**Tizanidine 4mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** The most recent medical treatment report provided is dated 01/26/15 and states that the patient presents with pain in the thoracolumbar spine radiating down both legs with numbness and tingling all the way to the bottom of the right foot. The patient's diagnoses include right lower extremity paresthesias. The current request is for TIZANIDINE 4mg #60 W/2 REFILLS-Zanaflex. The RFA is not included. The 02/18/15 utilization review states the request was received 02/05/15. MTUS guidelines page 63 recommend non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. However, in most cases they show no benefit beyond NSAID in pain and overall improvement. MTUS guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. This does appear to be a second line option for this patient's pain as an NSAID is prescribed. However, the MTUS guidelines, recommend non-sedating muscle relaxants for short-term treatment of acute exacerbations, and this patient has been prescribed this medication on a long-term basis since before 08/22/14. Furthermore, the treating physician does not explain how Tizanidine helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.