

Case Number:	CM15-0054594		
Date Assigned:	03/30/2015	Date of Injury:	04/12/1999
Decision Date:	12/03/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 65 year old male who experienced a work related injury on April 12, 1999. Diagnoses include chronic cervicgia, cervical degenerative disc disease, cervical radiculitis, bilateral shoulder impingement syndrome and rupture of the rotator cuff. Diagnostics have involved MRI of the cervical spine on March 14, 2013 and February 3, 2015 both consistent with degenerative changes with neuroforaminal stenosis and central canal narrowing. MRI of the lumbar spine on January 2, 2015 had moderate multilevel degenerative changes and a MRI of the left shoulder on March 28, 2014 revealed a full thickness gap in the supraspinatus tendon. Treatment incorporated physical therapy, medications, a home exercise program, cervical traction, joint injection and arthroscopic surgeries of the shoulders as well as a cervical fusion. Request is for Zanaflex 4mg three times daily as needed number 90 with 3 refills, Lidoderm 5 percent topical film, apply 4 patches to painful areas for 12 hours per day number 120 with 3 refills, and Voltaren topical 1percent gel, apply 4 gms to painful areas three times daily as needed number 3 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #90 with 3 refills: 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: MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Efficacy of these medicines appears to decrease over time and dependence is a risk. Zanaflex is FDA approved for spasticity and has unlabeled use for low back pain. The injured worker suffers from chronic neck and shoulder pain for which Zanaflex is neither approved nor recommended. Therefore, the request for Zanaflex 4mg three times daily as needed, number 90 with 3 refills is not medically necessary and appropriate.

Lidoderm 5% topical film, #120 with 3 refills: 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): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm has specific recommendations for use with particular pain syndromes. For instance, Lidoderm is FDA approved for the treatment of post-herpetic neuralgia. There is also recommendation for Lidoderm involving localized peripheral pain but only after a trial of other medicines such as tri-cyclic anti-depressants and antiepileptic medicines like Gabapentin. The injured worker does not suffer from post-herpetic neuralgia or localized peripheral pain and chart review does not reveal any medication trials with tricyclic anti-depressants or Gabapentin. Also, Lidoderm is not a first-line treatment. Consequently, the request is for Lidoderm 5 percent topical film, apply 4 patches to painful areas for 12 hours per day number 120 with 3 refills is not medically necessary and appropriate.

Voltaren topical 1% gel, #3 with 3 refills: 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): Topical Analgesics.

Decision rationale: The injured workers use of Voltaren topical gel has been for chronic neck and shoulder pain. Topical analgesics such as Voltaren gel per the MTUS Guidelines are largely experimental with few studies to determine efficacy or safety and are typically recommended for neuropathic pain after trials of antidepressants and anticonvulsants have not achieved adequate results. No such trials were revealed in chart review. Also, Voltaren gel has not been evaluated for the treatment of spine or shoulder pain which the injured worker suffers from. As a result, the request for Voltaren topical gel is not medically necessary and appropriate.