

Case Number:	CM15-0057042		
Date Assigned:	04/01/2015	Date of Injury:	02/12/2002
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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, North Carolina
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 61 year old female, who sustained an industrial injury on 02/12/2002. She reported upper and lower back pain. Treatment to date has included MRI, medications, physical therapy, lumbar epidural steroid injection, back surgery and electrodiagnostic studies. According to a progress report dated 02/24/2015, the injured worker complained of low back pain, more numbness in her right leg and neck pain down to her arm. Pain level was rated 8 on a scale of 1-10. Her activity level was 1/5. Her mood was depressed and her sleep was poor. She was not working and was on permanent work restrictions. Impression was noted as chronic low back pain with exacerbation and right and left lower extremity radicular pain secondary to lumbar failed back surgery syndrome with symptoms significantly improved status post transforaminal epidural steroid injection, right L5 and S1 radiculopathy, status post lumbar fusion in 2009 and chronic cervicgia secondary to cervical degenerative disc disease with spinal stenosis and radiculitis. Treatment plan included Lyrica, Oxycodone, Tizanidine, Ibuprofen and Lidoderm patch 5%. She was also encouraged to walk and use home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: 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 Page(s): 66.

Decision rationale: Tizadine is a centrally acting alpha 2 adrenergic agonist that the FDA has approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. Some authors have recommended its use as a first-line agent in low back pain (LBP). Muscle relaxants are in general a second-line option for short-term treatment of acute exacerbations in patients with low back pain. In most LBP patients, they show no benefit beyond NSAIDs in pain and overall improvement. Long-term efficacy has not been demonstrated, therefore this request is not medically necessary.

Lidoderm patch 5%: 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 Topical analgesics Page(s): 112.

Decision rationale: MTUS guidelines state that lidocaine patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case the patient complains of diffuse pain, so the area for lidoderm treatment is not clear. The request is thus not medically necessary at this time.