

Case Number:	CM15-0057853		
Date Assigned:	04/02/2015	Date of Injury:	02/05/2003
Decision Date:	05/08/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/26/2015

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 70 year old male who sustained an industrial injury on 02/05/2003. Diagnosis is lumbosacral discopathy. Treatment to date has included medications, and home exercise program. A physician progress note dated 02/12/2015 documents the injured worker has persistent low back pain and it is rated as 5-6 out of 10. The lumbar sacral spine has spasm and tenderness and restricted range of motion. The treatment plan is for medications, and pending acupuncture sessions. Treatment requested is for Lidoderm patches 5%, Qty 3 boxes, and Tizanidine 4 mg Qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain; Antispasticity/Antispasmodic Drugs Page(s): 63-66.

Decision rationale: The patient has a date of injury of 02/05/03 and presents with chronic low back pain with muscle spasms, tenderness and decreased range of motion. The Request for Authorization is dated 02/12/15. The current request is for Tizanidine 4mg Qty 60. The MTUS Chronic Pain Medical Treatment Guidelines under the topic Muscle Relaxants for pain, on page 66 under Antispasticity/Antispasmodic Drugs for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using Tizanidine, the guidelines recommend checking liver function at baseline 1, 3, and 6 months out. The MTUS section specifically for Tizanidine states it can be used for low back pain, myofascial pain and fibromyalgia. The medical file provided for review includes only one hand written progress report. This report under treatment plan states "Rx: Lidoderm patch, Tizanidine 4gm #60, Naproxen 550mg". It is unclear if this is a request for refill or a new prescription. In this case, recommendation cannot be made as the treating physician has provided no discussion regarding this medication. There is no medical rationale as to why this medication is needed and no discussion of prior usage or if this is an initial request. This request is not medically necessary.

Lidoderm patches 5%, Qty 3 boxes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine; Topical analgesic Page(s): 56-57, 112.

Decision rationale: The patient has a date of injury of 02/05/03 and presents with chronic low back pain with muscle spasms, tenderness and decreased range of motion. The Request for Authorization is dated 02/12/15. The current request is for Lidoderm Patches 5% Qty 3 boxes. The MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first line therapy, tricyclic or SNRI, antidepressants, or AED such as gabapentin or Lyrica". The MTUS page 112 also states, "Recommended for localized peripheral pain". The medical file provided for review includes only one hand written progress report. This report under treatment plan states "Rx: Lidoderm patch, Tizanidine 4gm #60, Naproxen 550mg". It is unclear if this is a request for refill or a new prescription. In this case, the treating physician does not document peripheral pain that is neuropathic and localized, as required by MTUS for the use of lidocaine patches. This request is not medically necessary.