

Case Number:	CM14-0121813		
Date Assigned:	09/25/2014	Date of Injury:	07/26/2006
Decision Date:	11/13/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case is a 60 year old female with a date of injury on 7/26/2006. A review of the medical records indicate that the patient has been undergoing treatment for cervical radiculopathy, bilateral carpal tunnel syndrome, right shoulder pain, chronic pain, s/p (status post) carpal tunnel release, NSAID intolerance, and s/p right shoulder surgery x 2. Subjective complaints (6/19/2014) include neck pain, pain to upper extremity right shoulder worsen with activity, and rated 7/10 with medications, 8/10 without medications, and "patient's pain is reported as worsened since her last visit". Objective findings (6/19/2014) tenderness to C4-7 paravertebral area, tenderness to right anterior shoulder. Treatment has included physical therapy (unknown number of sessions, but greater than 4 weeks has been accomplished), ambien, Lidoderm patch (since at least 2/2014), Tizanidine (since at least 2/2014), Tylenol #3, Celexa (since at least 2/2014). A utilization review dated 7/11/2014 non-certified the following: Lidoderm 5 Percent Patch 12 hrs on 12 hrs off #30 Ref: 2 due to lack of having a covered diagnosis; Tizandine HCL 2mg/tab: 1 tab Q8hrs #90 Ref: 2 due to no documented muscle spasms or improvement while on medications; Celexa 20mg/tab Qhs #30 Ref: 2 due to lack of indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT PATCH 12 HRS ON 12HRS OFF #30 REF:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical)

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail failure of MTUS/ODG recommended first-line therapy. The patient appears to be on a SNRI, but the treating physician does not make note of the success or failure of this particular treatment. The treating physician does not indicate where the patches are to be placed, which is important to note. As written, the request would allow for 90 days of Lidoderm patches without any interval evaluations. Interval monitoring is necessary. As such, the request is not medically necessary.

Tizanidine HCL 2mg/tab: 1 tab Q8hrs #90 Ref: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Tizanidine (zanaflex) is an antispasmodic muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)." Medical records indicate that the patient has been on tizanidine since at least 2/2014, in excess of what would be considered "short-term treatment". Additionally, medical notes do not indicate "acute exacerbations". MTUS states, "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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." Medical records do not indicate spasticity, myofascial pain findings, or fibromyalgia. As such, the request is not medically necessary.

CELEXA 20MG/TAB QHS #30 REF:2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Epocrates, Celexa monograph <https://online.epocrates.com/noFrame/showPage.do?method=drugs&MonographId=496>

Decision rationale: Celexa is a selective serotonin reuptake inhibitor (SNRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS states "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%) . . . Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be

severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation". MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." Medical records do not indicate any anxiety, depression, diabetic neuropathy, fibromyalgia, neuropathic pain and radiculopathy. As written, the request would allow for 90 days of an antidepressant without any interval evaluations. Interval monitoring is necessary for patient safety. As such, the request is not medically necessary.