

Case Number:	CM14-0131139		
Date Assigned:	08/20/2014	Date of Injury:	07/06/2012
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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:

Patient is a 58 year old female who sustained an industrial injury on July 6th, 2012. A progress report dated November 25, 2013 indicates diagnoses as hip contusion, lumbar disc displacement with myelopathy, pain in the shoulder joint, rotator cuff tear/rupture repair, and depression. Surgical history includes left shoulder surgery. Prescriptions are given for Lyrica, Tramadol, Lidoderm Patch, and Tizanidine. Work status is modified duty. The patient was recently evaluated on 7/10/14; she reports her pain level as 5-6/10. She says that her Lyrica has been denied. But the provider does not have such denial. The provider thinks that the patient has been doing well on the Lyrica. The patient reports decreasing her pain medications (Tramadol and Flexiril) during a TENS unit trial month. Her pain level with the TENS decreased from a 8/10 to 5/10. She denies side effects from her medications. She had a carpal tunnel release on 6/11/14 and went for a qualified medical examiner (QME) on May of 2014 with a pending result. She is given prescription for the Lidoderm Patch, Lyrica, Tizanidine and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch), apply 2 patches, 12 hours on 12 hours off, #60, refill x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: Based on the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with tricyclic antidepressant (TCA's) or serotonin-norepinephrine reuptake inhibitors (SNRI) or antiepileptic drugs (AED) such as Gabapentin or Lyrica in this case. Based on the available clinical records, her pain is not localized neuropathic pain and is more of a chronic/radiating lower back pain. Furthermore, it is not demonstrated that the patient is intolerant to first-line oral medications stated above as per the guidelines. In addition the patient is benefiting from the TENS unit which has been recently authorized. Therefore based on the California MTUS guidelines and the medical records, this request is not medically necessary at this time.

Tizanidine HCL 4mg capsule, take 1 at bedtime as needed, #30, refill x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic Drugs: Tizanidine (Zanaflex, generic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines on muscle relaxants such as Tizanidine stated that a short term/course of therapy using muscle relaxants may be beneficial for the patient to overcome a hump in his/her acute course. It should be noted that use of a muscle relaxant is generally not recommended beyond one month. In this case, the records show long-term use of Tizanidine dating back to at least November 25th, 2013. As stated above, she has been benefiting from oral medication and a TENS trial. Therefore, as per the guidelines and the medical records, this request is not medically necessary.