

Case Number:	CM14-0170563		
Date Assigned:	10/20/2014	Date of Injury:	05/17/2006
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 48-year-old female who reported an injury on 05/17/2006. The mechanism of injury was lifting. She is diagnosed with cervical radiculopathy. Her past treatments were noted to include medications, medial branch blocks, and radiofrequency ablations. On 10/02/2014, the injured worker reported neck pain rated 8/10 to 10/10 in intensity, but finds that it is reduced to 2/10 to 5/10 with use of her current medications. No physical examination was provided. Her current medications include Lidoderm 5% patch every 12 hours out of 24 hours, Oxycodone HCL 15 mg every 4 to 6 hours, Zanaflex 4 mg at bedtime, and OxyContin 20 mg twice a day. The treatment plan included medications and a follow-up appointment in 1 month. Requests were received for Lidoderm 5% patch #60 with 3 refills and Zanaflex 4 mg #60 with 3 refills; however, the rationale was not provided. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) and Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patch #60 with 3 refills is not medically necessary. The California MTUS recommends for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or serotonin-norepinephrine reuptake inhibitors antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica. The injured worker was noted to be on Lidoderm patch since at least 04/2014. The submitted documentation did not indicate that the injured worker had not been responsive to or was intolerant to a trial of first line therapy. Also, the frequency for the medication was not provided. Given the above, the request is not medically necessary.

Zanaflex 4 mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tizanidine

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

Decision rationale: The request for Zanaflex 4 mg #60 with 3 refills is not medically necessary. California MTUS Guidelines recommend muscle relaxants as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish overtime and prolonged use may lead to dependence. The injured worker was noted to be on Zanaflex since at least 04/2014. The clinical documentation does not provide evidence of spasm or spasticity; therefore, the use of Zanaflex would not be supported by the guidelines. As such, the request is not medically necessary.