MAXIMUS Federal Services

Case Number:	CM14-0025088		
Date Assigned:	06/13/2014	Date of Injury:	07/26/2006
Decision Date:	08/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 07/26/2006. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be physical therapy, epidural steroid injections and medications. The injured worker's diagnoses were noted to be cervical radiculitis, bilateral carpal tunnel syndrome, right shoulder pain and depression. The injured worker had a clinical evaluation on 01/30/2014. She reported symptoms of upper extremity pain in the right shoulder. In addition, she reported neck pain that radiated down the bilateral upper extremities. Her pain was rated at a 6/10 in intensity with medications. Her pain was rated at an 8/10 in intensity without medications. The injured worker reported that her pain had worsened since her last clinical visit. The clinical evaluation of the cervical region noted spasms bilaterally in the paraspinous muscles. There was tenderness in the trapezius muscles bilaterally and paravertebrals at the C5-7 area upon palpation. The range of motion of the cervical spine was moderately limited due to pain. Motor exam showed decreased strength bilaterally. The physical examination of the upper extremities noted tenderness at both rotator cuffs. The treatment plan indicated Lidoderm 5% patch and physical therapy for the right shoulder and neck. The provider's rationale for the request was provided within the clinical evaluation on 01/30/2014. A request for authorization for medical treatment was submitted and dated 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #30 APPLY 1 PATCH TO SKIN AS DIRECTED: Upheld

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

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

Decision rationale: The request for Lidoderm 5% patch (Quantity: 30.00) to apply 1 patch to the skin as directed is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The clinical evaluation dated 01/30/2014 fails to provide adequate documentation to indicate failed trials of tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica. The efficacy of the medicated patch is questionable as the pain rating documented with use of the patch is a 6/10. Therefore, the request for Lidoderm 5% patch (Quantity: 30.00) to apply 1 patch to the skin as directed is not medically necessary.

TIZANIDINE HYDROCHLORIDE 2 MG #90 - 1 TABLET ORALLY EVERY 8 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for tizanidine hydrochloride 2 mg (Quantity: 90.00) 1 tablet orally every 8 hours is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend antispasticity/antispasmodic drugs for muscle relaxants. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA-approved for the management of spasticity; unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome, and the office recommended its use as a first-line option to treat myofascial pain. They also provide benefit as an adjunct treatment for fibromyalgia. Side effects include hepatotoxicity, so liver function tests should be monitored at baseline, 1, 3 and 6 months. The most recent evaluation provided for this review was dated 01/30/2014. It is not noted within the documentation that the injured worker had liver function tests. It is not noted if tizanidine provided efficacy. The injured worker does not have myofascial pain or low back pain documented. Therefore, the request for tizanidine hydrochloride 2 mg (Quantity: 90.00) 1 tablet orally every 8 hours is not medically necessary.