

Case Number:	CM14-0105550		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2004
Decision Date:	06/30/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 68 year old male with an industrial injury dated 5/10/2004. The injured worker's diagnoses include internal derangement of knee not otherwise specified, knee bursitis and sprain/strain of lumbar region. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 5/28/2014, the injured worker reported ongoing right knee pain and back pain. The injured worker rated pain a 9/10 at best and a 10/10 at worst. Objective findings revealed edema in the bilateral lower extremities, effusion of the bilateral knee, warmth and crepitus of the right knee, tenderness to palpitation in the medial joint line of the left knee, and pes anserine bursa of the right knee. The treating physician prescribed Lidoderm 5% Patch Quantity 30 and Zanaflex 4mg Quantity 60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.

Zanaflex 4mg Qty 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case has been using Zanaflex without clear evidence of functional improvement. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 4mg #60 is not medically necessary.