

<b>Case Number:</b>	CM14-0056510		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 62 year old male who sustained an industrial injury on 10/2/01. The injured worker has complaints of back pain. The diagnoses have included spastic neurogenic bladder, lumbar post-laminectomy syndrome/failed back syndrome, insomnia secondary to chronic pain, and chronic depression. Medical history also includes diabetes and hypertension. Treatment to date has included medications and lumbar fusion L4-L5-S1. Lidoderm, lyrica, and zanaflex were prescribed in August 2012. Documentation reflects ongoing pain and functional limitations with limitations in activities of daily living including personal care. At a visit on 1/24/14, the treating physician noted a referral to physical therapy for a functional capacity evaluation and to occupational medicine for a closing examination by American Medical Association (AMA) guidelines. Tizanidine was noted to be prescribed as needed for muscle spasms. On 3/26/14, a letter from the treating physician noted that the injured worker required a physician's report concerning the existence and extent of permanent impairment, that this type of impairment determination and examination was beyond the scope of his practice, and for that reason he was requesting that the injured worker be seen by an occupation medicine or physical medicine and rehabilitation consultant. At a visit on 3/31/14, examination showed wide based antalgic gait and decreased lumbar range of motion. Lidoderm was noted to be helpful for pain that radiates from the surgical site. Medications were noted to be helpful and to allow the injured worker to perform such activities as bathing and dressing using adaptive techniques. On 4/8/14, Utilization Review non-certified or modified requests for lidoderm 5% (700mg/patch), zanaflex

4mg, lyrica 75mg, and occupational medicine or physical medicine rehabilitation consultation, citing the MTUS and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidoderm 5% (700mg/patch): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** This injured worker has chronic back pain secondary to post-laminectomy syndrome and failed back syndrome. Lidoderm patches have been prescribed for more than one year. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. Although it was noted that the injured worker was also treated with lyrica, there is no evidence in any of the medical records that the injured worker has failed the recommended oral medications. Return to work was not documented, and activities were described as limited. Due to lack of documentation of failure of first line agents, and lack of functional improvement, the request for lidoderm patches is not medically necessary.

**Zanaflex 4mg: 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): 63-33.

**Decision rationale:** This injured worker has chronic back pain secondary to post-laminectomy syndrome and failed back syndrome. Zanaflex has been prescribed for more than one year. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Return to work was not documented, and activities were described as limited. Tizanidine (Zanaflex) is FDA

approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of liver function tests for this injured worker. Due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for zanaflex is not medically necessary.

**Lyrica 75mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants [antiepilepsy drugs (AEDs)] Page(s): 16-22.

**Decision rationale:** This injured worker has chronic back pain secondary to post-laminectomy syndrome and failed back syndrome. Lyrica has been prescribed for more than one year. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. The MTUS notes the lack of evidence for treatment of radiculopathy. Lyrica (pregabalin) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, and is FDA approved for these indications as well as for fibromyalgia. Side effects include edema, central nervous system depression, weight gain, blurred vision, somnolence, and dizziness. It has been suggested that this medication be avoided in patients who have problems with weight gain. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of at least a 30% reduction in pain as a result of use of lyrica. There was no documentation of functional improvement as a result of use of lyrica. Return to work was not documented, and activities were described as limited. Due to lack of documentation of at least a moderate improvement in pain and lack of functional improvement, the request for lyrica is not medically necessary.

**Occupational Medicine or Physical Medicine rehabilitation consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Functional capacity evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

**Decision rationale:** The ACOEM states that for patients with acute low back pain alone, if there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the treating physician noted that the reason for the referral to an occupational medicine consultant or physical medicine and rehabilitation consultant was for a physician's report concerning the existence and extent of permanent impairment, and that this type of impairment determination and examination was beyond the scope of his practice. The Utilization Review determination did not take into consideration this reason for the referral, and noted an impression that the referral was for a functional capacity evaluation, which was noted to be not indicated. As the reason for the referral was documented as described by the treating physician, for an indication noted to be outside the scope of the treating physician's practice, and not for a functional capacity evaluation, the request for Occupational Medicine or Physical Medicine rehabilitation consultation is medically necessary.