

<b>Case Number:</b>	CM15-0001211		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 53 year old male who sustained an industrial related injury on 3/16/09. A physician's report dated 12/11/14 noted the injured worker had complaints of a low backache with pain traveling down the leg to the foot. The injured worker's quality of sleep was noted to be poor. The injured worker was taking celexa, promethazine, Norco, zanaflex, and lidocaine ointment. An x-ray of the lumbar spine obtained on 11/21/13 was noted to have revealed trace L4-5 retrolisthesis and degenerative disc and facet disease at the lower two lumbar levels. A MRI of the lumbar spine obtained on 11/21/13 was noted to have revealed trace L4-5 trace degenerative retrolisthesis and moderate to severe bilateral L4-5 and L5-S1 foraminal stenosis without definite impingement. Diagnoses included foot pain and muscle spasm. The injured worker was not working. On 12/27/14 the treating physician requested authorization for zanaflex 4mg #30 and lidocaine ointment 5% #1. On 12/23/14 the requests for zanaflex 4mg #30 and lidocaine ointment 5% #1 were non-certified. Regarding zanaflex, the utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted the injured worker complained of increased pain despite the use of this medication. Considering the lack of clinical benefit as well as the lack of guideline support for long term use the request was non-certified. Regarding lidocaine ointment, the utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted topical lidocaine is only approved in the formulation of a dermal patch. Therefore the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 PRESCRIPTION OF ZANAFLEX 4MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

**Decision rationale:** Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008). MTUS further states, Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). Medical records indicate this patient has been utilizing muscle relaxants since at least 2013, far in excess of the guideline recommendation of 2 weeks. The treating physician has not provided documentation of any acute injury or exacerbation of the initial injury to warrant the usage of this medication. As such, the request for 1 PRESCRIPTION OF ZANAFLEX 4MG #30 is not medically necessary.

### **1 PRESCRIPTION OF LIDOCAINE OINTMENT 5% #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Regarding lidocaine, neuropathic pain MTUS states it is 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 or Lyrica). MTUS indicates lidocaine, non-neuropathic pain: not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for 1 PRESCRIPTION OF LIDOCAINE OINTMENT 5% #1 is not medically necessary.