

<b>Case Number:</b>	CM15-0114349		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old female sustained an industrial injury on 6/01/04. She subsequently reported neck and low back pain. Diagnoses include lumbar and cervical radiculopathy, lumbar facet arthropathy and lumbar spinal stenosis. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the bilateral lower extremities. Upon examination, there is paraspinal spasm, tenderness to palpation in the bilateral cervical paravertebrals, decreased lumbar range of motion, weakness in the arms, decreased sensation in the L4-S1 dermatomes and weakness in the bilateral lower extremities. A request for Tizanidine 2 mg #30, Metformin 500 mg #120, Farxiga 5 mg #60 and Lidoderm 5% patch 2 patch 12 hrs on 12 hrs off #60 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2 mg #30:** Upheld

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

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

**Decision rationale:** The patient is a 65 year old female with an injury on 06/01/2004. She had chronic neck pain and low back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

**Metformin 500 mg #120:** 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), Diabetes Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Metformin FDA package insert. Goldman's Cecil Medicine, 24th Edition. 2011.

**Decision rationale:** The patient is a 65 year old female with an injury on 06/01/2004. She had chronic neck pain and low back pain. Her injury in 2004 is not related to her diagnosis of diabetes. Also, this requested drug has a FDA warning for older patients with decreased renal function. This medication is not medically necessary in a patient who is 65 years old. There are safer alternative medications to treat diabetes.

**Farxiga 5 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Farxiga FDA package insert. Goldman's Cecil Medicine, 24th Edition. 2011.

**Decision rationale:** The patient is a 65 year old female with an injury on 06/01/2004. She had chronic neck pain and low back pain. Her injury in 2004 is not related to her diagnosis of diabetes. Also, this requested drug has a FDA warning for older patients with decreased renal function. This medication is not medically necessary in a patient who is 65 years old. There are safer alternative medications to treat diabetes.

**Lidoderm 5% patch 2 patch 12 hrs on 12 hrs off #60:** Upheld

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

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

**Decision rationale:** The patient is a 65 year old female with an injury on 06/01/2004. She had chronic neck pain and low back pain. There is no documentation of neuropathic pain. She does not have a neuropathy. Lidoderm patch is not medically necessary.