

<b>Case Number:</b>	CM15-0114407		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/10/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male who reported an industrial injury on 7/10/2011. His diagnoses, and/or impressions, are noted to include: post-concussion syndrome; recurrent left knee meniscus tear; right shoulder rotator cuff tear; left shoulder impingement without acromioclavicular joint pain; left wrist necrosis; chronic low back pain with disc herniation and radiculopathy; lumbar sprain/strain with disc protrusion; chronic pain syndrome; vocal cord injury; and chemical pneumonitis. No current imaging studies are noted. His treatments have included diagnostic studies; a Comprehensive Psychological Evaluation on 10/26/2012; medication management with toxicology screenings; and rest from work. Internal Medicine Medical Evaluation on 4/15/2014; medication management; and rest from work. The progress notes of 6/10/2014 reported complaints of worsened pain to the left knee, shoulder, left elbow and low back; along with muscle spasms and headaches. Objective findings on the 3/27/2015 progress notes were reported to be within normal limits. The physician's requests for treatments, on the Utilization Review of 5/20/2015 were noted to include Tizanidine for muscle spasms, and Lidocaine Ointment for localized pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 66 and 63.

**Decision rationale:** Tizanidine 4mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic had use of Tizanidine long term. There is no evidence of functional improvement on prior Tizanidine therefore the request for Tizanidine 4mg # 60 is not medically necessary.

**Lidocaine Ointment 5% #2 tubes:** 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:** Lidocaine Ointment 5% #2 tubes is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation does not indicate extenuating reasons to go against guideline recommendations. The MTUS guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical (non patch) formulations of Lidocaine for chronic pain. The request for Lidocaine ointment is not medically necessary.