

Case Number:	CM15-0126781		
Date Assigned:	07/13/2015	Date of Injury:	06/27/2011
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Indiana, New York
 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 was a 40 year old female, who sustained an industrial injury, June 27, 2011. The injured worker previously received the following treatments home exercise program, thoracic spine epidural steroid injection, cervical spine steroid injection, Tylenol #3, Tizanidine and Lidoderm Patches and psychiatric services. The injured worker was diagnosed with cervical thoracic strain/arthrosis with possible encroachment with resulted in cephalgia, status post left shoulder arthroscopic partial synovectomy and chondroplasty of the glenoid subacromial decompression, lumbosacral strain/arthrosis and psychiatric complaints. According to progress note of June 4, 2015, the injured worker's chief complaint was mid back pain with radiation around the chest. The physical exam noted the injured worker was negative for Spurling's and foraminal compression tests bilaterally. The treatment plan included prescription renewals for Tizanidine and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg Q12H PRN #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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg one every 12 hours as needed #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical strain, arthrosis, discopathy with central and foraminal stenosis and resultant cephalgia; thoracic strain, arthrosis, discopathy with central stenosis; left shoulder status post arthroscopy and partial synovectomy, chondroplasty and subacromial decompression; lumbosacral strain, arthrosis; and psychiatric complaints. The date of injury is June 27, 2011. Request for authorization is dated June 15, 2015. The earliest progress note in the medical record containing a muscle relaxant is January 13, 2015 (cyclobenzaprine 7.5 mg). On March 5, 2015, the documentation contains a clinical entry for Lidoderm patches, but no mention of tizanidine or cyclobenzaprine. Subjectively, the injured worker has cervical and thoracic pain that radiates to the left-hand. Objectively, there is tenderness to palpation and spasm over the paraspinal muscle groups cervical and thoracic. According to a June 11, 2015 progress note treatment plan, the treating provider requested refills of tizanidine and Lidoderm. There was no documentation demonstrating objective functional improvement with ongoing tizanidine. The start date for tizanidine is not specified in the medical record. Tizanidine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate acute low back pain on acute exacerbation of chronic low back pain. Additionally, tizanidine is recommended for short-term (less than two weeks). The documentation is unclear as to the duration of tizanidine use. The request for tizanidine 2 mg #60 however exceeds the recommended short-term guideline. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, evidence of objective functional improvement and treatment continued in excess of the recommended guidelines for short-term (less than two weeks), Tizanidine 2mg one every 12 hours as needed #60 is not medically necessary.

Lidoderm patches 5% BID PRN #1 box, 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% b.i.d. as needed, #1 box, 2 refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine

efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. in this case, the injured worker's working diagnoses are cervical strain, arthrosis, discopathy with central and foraminal stenosis and resultant cephalgia; thoracic strain, arthrosis, discopathy with central stenosis; left shoulder status post arthroscopy and partial synovectomy, chondroplasty and subacromial decompression; lumbosacral strain, arthrosis; and psychiatric complaints. The date of injury is June 27, 2011. Request for authorization is dated June 15, 2015. The earliest progress note in the medical record containing a muscle relaxant is January 13, 2015 (cyclobenzaprine 7.5 mg). On March 5, 2015, the documentation contains a clinical entry for Lidoderm patches, but no mention of tizanidine or cyclobenzaprine. Subjectively, the injured worker has cervical and thoracic pain that radiates to the left-hand. Objectively, there is tenderness to palpation and spasm over the paraspinal muscle groups cervical and thoracic. According to a June 11, 2015 progress note treatment plan, the treating provider requested refills of Lidoderm. There was no documentation demonstrating objective functional improvement with ongoing Lidoderm patches. There is no documentation indicating the anatomical region being treated with Lidoderm. There is no documentation demonstrating objective functional improvement. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and insufficient clinical documentation to support its use, Lidoderm patch 5% b.i.d. as needed, #1 box, 2 refills is not medically necessary.