

Case Number:	CM15-0070360		
Date Assigned:	04/17/2015	Date of Injury:	06/06/2002
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old male, with a reported date of injury of 06/06/2002. The diagnoses include lumbar spine degenerative disc disease and acute lumbar strain. Treatments to date have included an MRI of the low back, acupuncture therapy, physical therapy, exercises, tai chi, a transcutaneous electrical nerve stimulation (TENS) unit, oral medications, a cane, and one lumbar epidural steroid injection. The medical report dated 03/13/2015 indicates that the injured worker complained of mid-back and low back pain with radiation down both legs. He rated the severity of the pain as 6 out of 10 at its best, and 10 out of 10 at its worst. He stated that his average pain over the past seven days was 8 out of 10. There is documentation of functional limitations. The objective findings include a stooped gait, restricted lumbar range of motion due to pain, tenderness to palpation of the bilateral lumbar paravertebral muscles, tenderness of the spinous process on L4, a normal heel-toe walk, negative bilateral lumbar facet loading, negative straight leg raise test, and dysesthetic pain over the lumbar spine to light touch. The treating physician requested Lidoderm patches for dysesthetic low back pain and Tizanidine for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications - Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This medication is not indicated for treatment of back pain. Overall this request is not medically necessary.

15 Tizanidine HCl 6mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Tizanidine Page(s): 66.

Decision rationale: MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Thus the current request is consistent with MTUS guidelines; the request is medically necessary.