

Case Number:	CM13-0022127		
Date Assigned:	11/13/2013	Date of Injury:	09/20/2010
Decision Date:	01/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who reported an injury on 09/20/2010 due to repetitive trauma while performing normal job duties. The patient was initially treated with physical therapy and massage therapy; however, she experienced ongoing pain and discomfort. The patient experienced several falls, exacerbating her symptoms. The patient's chronic pain was managed with medications and active therapy. Medications included Motrin 800 mg, Flexeril 10 mg, Lidoderm patches, Tramadol extended release and Tylenol No. 3. The patient's most recent clinical evaluation provided physical findings to include diffuse tenderness of the cervical paraspinal musculature, decreased range of motion secondary to pain, diffuse tenderness of the bilateral shoulders with decreased range of motion secondary to pain, 4/5 weakness of the upper extremity with decreased sensation in the right arm, diffuse tenderness to the lumbar paraspinal musculature with decreased range of motion secondary to pain and diffuse tenderness to the bilateral knees with decreased range of motion secondary to pain. It was also noted that the patient had decreased sensation in the bilateral lower extremities. The patient's diagnoses included chronic pain syndrome, left shoulder sprain/strain, left shoulder myofascial pain, lumbar sprain/strain, lumbar myofascial pain, left knee sprain/strain and left knee degenerative joint disease. The patient's treatment recommendations included beginning Neurontin to assist with pain control of the patient's chronic neuropathic pain and cognitive behavioral therapy

IMR ISSUES, DECISIONS AND RATIONALES

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

The requested treatment for Lidoderm Patch 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The requested Lidoderm patch 5 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient experiences chronic pain for multiple body parts. The California Medical Treatment Utilization Schedule recommends lidocaine in the formulation of a dermal patch after evidence of a trial of first-line therapies, such as antidepressants or antiepileptic drugs, fail to treat the patient's neuropathic pain. The clinical documentation submitted for review does not provide evidence that the patient's pain has failed to respond to antidepressants or antiepileptic drugs. Additionally, the most recent clinical evaluation submitted for review does indicate that the patient is being prescribed Neurontin. The efficacy of that medication would need to be established prior to continuation of the Lidoderm patches. Additionally, the efficacy of that medication is not supported by documented functional improvement or pain relief. Therefore, continuation would not be supported. As such, the requested Lidoderm patch 5 is not medically necessary or appropriate.

The requested treatment for Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAID). Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The requested Flexeril 10 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does have evidence that the patient has chronic pain in multiple body parts. The California Medical Treatment Utilization Schedule does not recommend the use of Flexeril for an extended duration. The use of this medication should be limited to short courses of treatment. As the clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration, and as there is no documentation of functional benefit as a result of this medication; continued use would not be supported. As such, the requested Flexeril 10 mg #60 is not medically necessary or appropriate.