

Case Number:	CM13-0025228		
Date Assigned:	11/20/2013	Date of Injury:	07/12/1998
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine and is licensed to practice in North Carolina and New York. 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 claimant is a 58-year-old former corrections officer, injured in altercations, one being on 7/27/98. He has requested Vicodin, Flexeril, Prilosec and Lidoderm for management of chronic pain syndrome. The Vicodin was already certified through utilization review dated 9/10/13

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Antispasmodics Page(s): 64.

Decision rationale: The guidelines indicate Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy as limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004). This medication is not recommended to be used for longer than 2-3 weeks. Therefore, the requested course is not medically necessary per treatment guidelines.

Lidoderm pain patches, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine. Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56;57, 112.

Decision rationale: The guidelines indicate that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. In this case the patient has not demonstrated neuropathic pain, as indicated.

Prilosec 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Risk and Cardiovascular Symptoms Page(s): 69-70.

Decision rationale: The guidelines note the use of a proton pump inhibitor (PPI) like omeprazole is indicated when there is a risk of GI bleed with NSAID use. It is not indicated for irritable bowel syndrome (IBS) or nonspecific abdominal pain, as noted in this case.