

Case Number:	CM13-0027528		
Date Assigned:	12/13/2013	Date of Injury:	05/25/1993
Decision Date:	02/11/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 05/25/1993. The mechanism of injury was not provided. The patient was noted to have managed well on her medications, including Lyrica, Limbrel, Flexeril, and Lidoderm. Without the medication, the patient's symptoms were noted to have worsened significantly. The patient was noted to have trouble with overhead activities as well as shoulder motion. The patient's diagnoses were noted to include cervical spondylosis, cervical degenerative disc disease, cervical radiculopathy, lumbar spondylosis, lumbar scoliosis, and lumbar degenerative disc disease. The request was made for medication refills. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90 for 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a

trial of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation submitted for review indicated they were concurrently using the medication Lyrica. The clinical documentation indicated that Lidoderm was extremely helpful in decreasing the patient's localized pain; however, documentation failed to indicate the objective functional benefit that was received from the medication. Additionally, it failed to provide the necessity for a 3 month supply. Given the above, the request for Lidoderm patch 5% #90 for a 3 month supply is not medically necessary and appropriate.

Limbrel 250mg #180 for 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter section on Limbrel.

Decision rationale: ODG drug formulary because it is not a drug. Additionally, it indicates that Limbrel is not recommended as a first line drug, but is recommended after first line drugs have been trialed and found to produce adverse effects, or the patient has a documented history of adverse effects with its use. The clinical documentation submitted for review indicated the patient was using the Limbrel 4 times a day for muscle relaxant purposes, and it was helpful. However, there was a lack of documented objective functional benefit and the necessity for a 3 month supply. Given the above, the request for Limbrel 250mg #180 for a 3 month supply is not medically necessary and appropriate.

Flexeril 5mg #180 for 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, Antispasmodics Page(s): 41, 64.

Decision rationale: The MTUS Chronic Pain Guidelines state that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 weeks to 3 weeks, and the MTUS Chronic Pain Guidelines add that the addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, it was noted the patient was concurrently taking Limbrel and Flexeril. It failed to provide the efficacy and functional benefit of Flexeril and it failed to provide exceptional factors to warrant long term usage. Additionally, Cyclobenzaprine is not to be added to other agents. There is also a lack of documentation indicating the necessity for a 3 month supply of Flexeril as it is indicated

for no longer than 3 weeks. Given the above, the request for Flexeril #180 for a 3 month supply is not medically necessary and appropriate.