

Case Number:	CM13-0036728		
Date Assigned:	12/13/2013	Date of Injury:	09/24/2003
Decision Date:	02/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 65-year-old male who reported an injury on 09/24/2003. The patient is diagnosed with internal derangement of the right knee, status post meniscectomy with persistent symptomatology, left knee pain due to meniscal tear, right hip inflammation, lumbosacral pain, bilateral wrist pain, right greater than left lateral epicondylitis, and bilateral impingement syndrome of the shoulders, status post decompression with clavicle excision and Mumford procedure on the right. The patient was seen by [REDACTED] on 12/13/2013. The patient reported 6/10 daily knee pain. The patient also reported spasms in the lower back with numbness and tingling in the bilateral elbows. The physical examination revealed 180 degree extension, 120 degrees flexion of the bilateral lower extremities, 90 degree abduction of the bilateral upper extremities, 180 degree extension of the bilateral elbows with 170 degree flexion, and normal range of motion of the bilateral wrists and hands. The treatment recommendations included continuation of current medication including Flexeril and LidoPro topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options 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. Cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain and complaints of spasm in the lower back. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Retrospective (9/13/13) Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The retrospective request for 09/13/2013 Flexeril 7.5 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule only recommend short courses of treatment for this type of medication not to exceed 2 to 3 weeks. It is indicated in the paperwork that the patient has been on this medication for at least a year. Therefore, continued use would not be indicated. Additionally, the most recent clinical documentation dated 09/13/2013 does not reveal any evidence during the physical examination of muscle spasming that would require a muscle relaxant. As such, the retrospective request for 09/13/2013 for Flexeril 7.5 mg #60 is not medically necessary or appropriate.

LidoPro topical lotion 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain.

There is no evidence of neuropathic pain on physical examination. Additionally, there is no indication of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Retrospective (9/13/13) LidoPro topical lotion 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The retrospective request for 09/13/2013 LidoPro topical lotion 4 oz. is not medically necessary or appropriate. This formulation contains capsaicin, Lidocaine, Menthol and methyl salicylate. The California Medical Treatment and Utilization Schedule do recommend the use of menthol and methyl salicylate for osteoarthritic pain. The California Medical Treatment and Utilization Schedule recommend capsaicin as a topical agent when the patient has failed to respond to other types of treatments. The clinical documentation submitted for review does provide evidence that the patient has persistent pain in multiple body parts. However, there is no indication that the patient has symptoms that have failed to respond from oral medications. Additionally, California Medical Treatment and Utilization Schedule do not recommend the use of Lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. The California Medical Treatment and Utilization Schedule does not recommend the use of any compounded agent that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the retrospective request for 09/13/2013 for LidoPro topical lotion 4 oz. is not medically necessary or appropriate.