

Case Number:	CM13-0037237		
Date Assigned:	12/13/2013	Date of Injury:	09/01/2000
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 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/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 case involves a 58-year-old woman, who sustained a work related injury on June 1, 1999 and September 9, 2000. Subsequently, she developed chronic neck pain. She was diagnosed with a left C8-T1 radiculopathy, according to a note dated on May 30, 2012. The patient continued to have a chronic neck pain radiating to both lower extremities. Her physical examination demonstrated cervical tenderness with reduced range of motion and hand weakness. The patient was treated with pain medications and radiofrequency ablation. Her provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #30, WITH ONE (1) REFILL.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm® (lidocaine patch) Page(s): 56.

Decision rationale: The Chronic Pain Guidelines indicate that "Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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)." In this case, there is no clear documentation of the recent use of these medications. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidoderm 5% patch is not medically necessary.

FLEXERIL 10MG #60, WITH NO REFILLS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Treatment Guidelines, and the CA MTUS 2.

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

Decision rationale: The Chronic Pain Guidelines indicate that Flexeril a non-sedating muscle relaxant, and is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. The efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend that Flexeril be used form more than two to three (2-3) weeks. The patient in this case does not have recent evidence of spasm, and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request is not medically necessary.