

Case Number:	CM13-0043604		
Date Assigned:	02/21/2014	Date of Injury:	12/13/2006
Decision Date:	06/02/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with an injury date of 12/13/06. Based on the 09/27/13 progress report provided by [REDACTED], the patient complains of "Mid and low back pain radiating to both legs with associated numbness and tingling extending to the feet, increasing with activities of lifting, bending, and stooping. On examination, there was lumbar paravertebral tenderness noted extending to the lumbosacral junction with associated moderate muscle guarding. Straight leg raise was positive on the left, with pain extending to the foot primarily in an S1 dermatomal distribution. Straight leg testing on the right led to increased complaints of low back pain only. The treating physician request 30 Lidoderm 5% Patches, and Robaxin 500 mg or 750 mg. The utilization review determination dated 09/30/13 and recommends denial of both the Lidoderm Patches and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM 5% PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN CHAPTER, TOPICAL ANALGESICS, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM; TOPICAL ANALGESICS Page(s): 56-57; 111-113.

Decision rationale: MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, "Recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as Gabapentin or Lyrica." In this case, the patient does not present with neuropathic pain. The use of Lidoderm patches are not indicated per MTUS guidelines. The request for 30 Lidoderm 5% patches is not medically necessary and appropriate.

90 ROBAXIN 500MG OR 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support long-term use of muscle relaxants. The request is for Robaxin but there is no duration and frequency listed. Without this information, one cannot tell that this is to be used for short-term only. The treating physician does not specify the duration and does not explain whether or not the patient is flared up. Muscle guarding and tenderness are noted on examination but no spasms. The request for 90 Robaxin 500 mg is not medically necessary and appropriate.