

Case Number:	CM13-0047369		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2012
Decision Date:	03/10/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease 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 53 year old female who reported a work related injury on 10/16/2012, specific mechanism of injury not stated. The patient presents for treatment of the following pain complaints, knee/leg sprain, wrist sprain, lumbosacral sprain, lumbago, shoulder pain, knee internal derangement, and cervical spine sprain. The clinical notes evidence the patient upon physical examination had positive Tinel's and Phalen's testing to the bilateral upper extremities, anterior shoulder were tender to palpation, and range of motion was restricted, lumbar spine exam revealed paravertebral muscles tender, McMurray's testing was positive bilaterally to the knees. The provider recommended continuation of the patient's medication regimen to include cyclobenzaprine, ketoprofen, omeprazole, Norco, Medrox patch, and lidocaine patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hcl USP 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The current request is not supported. California MTUS indicates, cyclobenzaprine is recommended as an option utilizing a short course of therapy. Clinical notes evidence the patient is status post a work related injury of over a year's time. It is unclear how long the patient has utilized cyclobenzaprine and the clear efficacy of treatment for the patient's pain complaints. Given the above, the request for Cyclobenzaprine Hcl USP 10mg #60 is not medically necessary, nor appropriate.

Lidocaine 5% 700mg/patch - cyclobenzaprine: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic or SNRI, antidepressants or an AED such as gabapentin or Lyrica. Clinical notes failed to evidence the patient has failed with utilization of oral anti-neuropathic medications for her pain complaints. Given the above, the request for Lidocaine 5% 700mg/patch - cyclobenzaprine is not medically necessary, nor appropriate

Ketoprofen 75mg #30 patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

Decision rationale: The current request is not supported. The current request is rendered as a patch, request for ketoprofen patch. California MTUS indicates there is a lack of FDA support for topical applications of ketoprofen. Additionally, the clinical notes failed to document the patient's reports of efficacy with the current medication regimen as noted by a decrease in rate of pain on a VAS and increase in objective functionality. Given all the above, the request for Ketoprofen 75mg #30 patch is not medically necessary nor appropriate.

Lidocaine 5% 700mg/patch - cyclobenzaprine: Upheld

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

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

Decision rationale: The current request is not supported. California MTUS indicates topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic or SNRI, antidepressants or an AED such as gabapentin or Lyrica. Clinical notes failed to evidence the patient has failed with utilization of oral anti-neuropathic medications for her pain complaints. Given the above, the request for Lidocaine 5% 700mg/patch - cyclobenzaprine is not medically necessary, nor appropriate