

Case Number:	CM13-0057764		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2008
Decision Date:	05/06/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old male who reported an injury on 05/21/2008. The mechanism of injury was not stated. Current diagnoses include neck sprain, cervicgia, lumbosacral sprain, herniated lumbar disc, and lumbar spine radiculopathy. The injured worker was evaluated on 02/07/2014. The injured worker reported lower back and neck pain. Current medications include Lidoderm 5% adhesive patch, baclofen 10 mg, Robaxin 750 mg, and Tylenol with codeine #3. Physical examination revealed palpable twitch positive trigger points in the muscles of the head and neck, enlargement of the thyroid gland, painful range of motion of the cervical spine, positive straight leg raising, palpable twitch positive trigger points in the lumbar paraspinal muscles, limited lumbar range of motion, diminished strength, and intact sensation. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% 500 MG #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, the injured worker has utilized Lidoderm 5% patch since 10/2013. There is no evidence of objective functional improvement. There is also no documentation of a trial of first-line therapy with antidepressants and anticonvulsants as recommended by California MTUS Guidelines. Therefore, the request is non-certified.

TYLENOL-CODEINE #3 300-30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain. It is used as a single agent or in combination with acetaminophen and other products for treatment of mild to moderate pain. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. Therefore, ongoing use cannot be determined as medically appropriate. There was also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

BACLOFEN 10MG #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second-line options for short term treatment of acute exacerbations. Efficacy appears to diminish overtime and prolonged use may lead to dependence. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. The injured worker continues to demonstrate multiple trigger points. The injured worker's current medication list also includes Robaxin 750 mg. The medical necessity for 2 separate muscle relaxants has not been established. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.