

Case Number:	CM13-0063581		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2002
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 Pain Management, 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:

This is a male patient with the date of injury of February 28, 2002. A utilization review determination dated November 26, 2013 recommends non-certification of Cyclobenzaprine 10mg #30, Hydroco/APAP 5/500mg #60, and Lidocaine Pad 5% #30. The previous reviewing physician recommended non-certification of Cyclobenzaprine 10mg #30, Hydroco/APAP 5/500mg #60, and Lidocaine Pad 5% #30 due to lack of documentation of clinicals and no response to a query for more clinicals. A Progress Report dated November 8, 2013 identifies Subjective Complaints of excruciating pain in the lumbar spine especially in the right hip going all the way to the foot and now the foot is burning. Objective Findings identify gait pattern is antalgic. Heel and toe ambulation is painful. There is severe tenderness on the right posterior, superior iliac spine. Very much restricted flexion and extension. Straight leg raise test is positive on right side at 25 degrees and left side at 45 degrees from sitting position. Decreased strength on the right knee extensor flexor and hip flexor extensor. Medial joint line tenderness as well as tenderness at the medial border and inferior pole of the patella. Crepitus positive. Assessment identifies headaches, insomnia, depression, lumbar strain, lumbar radiculitis, bilateral knee sprain left worse, left knee degenerative disease, and left knee meniscus tear. Plan identifies prescription for Vicodin 5/500 mg, Flexeril 10 mg, and Lidoderm 5% patch. Side effects were discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Based Edition, Opioids

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The request for cyclobenzaprine 10 mg, 30 count, is not medically necessary or appropriate.

HYDROCO/APAP 5/500MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Based Edition, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Hydroco/APAP, California Pain Medical Treatment Guidelines state that Hydrocodone/APAP is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, side effects and aberrant use were discussed. However, there is no indication that the Hydrocodone/APAP is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). The request for Hydroco/APAP 5/500 mg, 60 count, is not medically necessary or appropriate.

LIDOCAINE PAD 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web Based Edition, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for Lidocaine Pad, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is documentation of localized peripheral

pain. However, there is no indication of evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. The request for Lidocaine Pad 5%, 30 count, is not medically necessary or appropriate.