

Case Number:	CM13-0064265		
Date Assigned:	01/17/2014	Date of Injury:	09/18/2000
Decision Date:	06/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational 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 patient is an employee of [REDACTED] who has filed a claim for low back pain with bilateral lower extremity radicular pain, neck pain and shoulder pain associated with industrial injury date of 9/18/2000. The treatment to date has included, Flexeril 10 mg per tablet and Lidoderm 5% patch which were prescribed since 10/09/12, Norco 10/325mg/tab and Cymbalta 30 mg/cap, taken since 10/09/12 and 08/14/12, respectively. He underwent left greater trochanteric bursa injection on 08/7/2013 and left rotator cuff repair with development of a mild frozen shoulder on Feb, 2001. He also had cognitive behavioral therapy and chiropractic sessions. The medical records from 2012 to 2013 were reviewed, which revealed continuous low back and left shoulder pain. His worst pain is in his lower lumbar spine with radiation down the sides of his legs and left groin. He is unable to walk for longer than ten (10) minutes. His current worst pain scale is 9/10 while 7/10 is his least pain severity. The physical examination revealed both greater trochanters are markedly tender to palpation, left hip is 30% of expected range of motion. The right hip is 80% of expected range of motion (ROM). There was extreme pain of the left hip with flexion, extension, internal and external rotation. The lumbar spine has mild loss of lumbar lordosis. The range of motion is about 50% of expected. There are tender trigger points in the low lumbar areas bilaterally. There is tenderness over the lower facet joints. An MRI of the lumbar spine was done on 5/6/2011, which showed 2mm L5-S1 dorsal disc protrusion with a central high intensity zone, and mild T11-12 spinal stenosis. An MRI of the cervical spine done on 3/6/13 showed lobulated C3-4, C4-5 has 1-2mm left lateral disc bulge, C5-6 has a broad 2-3mm disc protrusion present and C6-7 has 3mm disc protrusion, which is predominantly midline. An MRI of the thoracic spine showed multiple anterior extradural defects. The most significant defect is at the T11-12 level. This measures approximately 5-6mm. The utilization review from 11/11/2013 denied the request for Flexeril 10mg #90 with three (3) refills because

according to CA MTUS treatment guidelines, use of Cyclobenzaprine (Flexeril) should only be brief due to its side effect. As per Lidoderm 5% patch, #1 box with three (3) refills, it was modified into one (1) prescription of Lidoderm 5% patch #1 box, with zero (0) refill because according to the patient, it helped her reduce the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIODERM 5% PATCH #1 BOX WITH 3 REFILLS: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the patient has been on this medication since at least 10/9/12 for low back pain. However, there is no documentation that this patient failed therapy with Cymbalta, an anti-antidepressant considered as a first-line therapy, which she has been taking since 8/14/12. Furthermore, the patient is presenting with low back pain radiating to the left lower extremity, and left shoulder pain; which may not be considered as a localized type of peripheral pain. Therefore, the request for Lidoderm 5% patch #30 with three (3) refills is not medically necessary.

FLEXERIL 10MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), MUSCLE RELAXANTS (FOR PAIN) Page(s): 41-42, 63.

Decision rationale: The Chronic Pain Guidelines indicate that cyclobenzaprine is a muscle relaxant, which is recommended as a short course therapy for management of back pain. In this case, there were subjective complaints of low back pain and left shoulder pain. However, objective findings do not include evidence of muscle spasm necessitating the use of this medication. The patient has been taking Flexeril as far back as October 9, 2012. No specific functional improvements were noted due to the previous intake of this class of medications. Prolonged use of this medication is not recommended. Therefore, the request for Flexeril 10mg #90 with three (3) refills is not medically necessary.