

Case Number:	CM14-0103303		
Date Assigned:	09/16/2014	Date of Injury:	03/20/2009
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 & 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 28-year-old female with a date of injury of 03/20/2009. The listed diagnosis per [REDACTED] is reflex sympathetic dystrophy. According to progress report 07/30/2014, the patient presents with left leg and bilateral hips pain. The patient's severity of pain is rated as an 8/10 on average. It is improved by lying down and aggravated by activity and movement. Duration of medication effect is 30 minutes. Side effects include constipation, sleepiness, itchy nose, and dry mouth. Urine drug test was appropriate. The patient's current medication regimen includes Lidocaine 5%, Norco 5/325 mg, Lidoderm patch, Gralise 600 mg, Amrix 15 mg, Imitrex 25 mg, Tylenol/codeine #30, Hydrocodone 5 mg, Gabapentin 30 mg, Tramadol 50 mg, Voltaren 1% gel, Naproxen 500 mg, Keflex 250 mg. This is a request for Amrix 15 mg extended release #30 and Lidoderm 5% patch #30. Utilization review denied the requests on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg extended release #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Page 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid generic available) Page(s): 64.

Decision rationale: This patient presents with pain in the left leg and bilateral hips. The treater is requesting Amrix 15mg ER #30. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, this patient has been prescribed this medication for long-term use. The request is not medically necessary.

Lidoderm 5% (700mg) patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56,57.

Decision rationale: This patient presents with pain in the left leg and bilateral hips. The treater is requesting Lidoderm 5% 700 mg patch #30. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's hip and leg pain, which is not supported by the guidelines. The requested Lidoderm patches are not medically necessary.