

Case Number:	CM14-0011745		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2011
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 35-year-old female who reported an injury on 03/07/2011 due to a fall. The injured worker reportedly sustained a fracture to her left wrist and forearm. The injured worker's treatment history also included physical therapy and multiple medications. The injured worker was evaluated on 12/27/2013. It was documented that the injured worker was taking her medications as prescribed, with decreased pain; and allowed for participation in activities around the home. The injured worker's medications included gabapentin 300 mg, Norco 10/325 mg, Flexeril 10 mg, and a Flector patch 1.3%. It was noted in the documentation that the Flector patch was discontinued secondary to side effects. Physical findings included restricted range of motion of the cervical spine secondary to pain, restricted range of motion on the left shoulder secondary to pain, and restricted range of motion of the left wrist and forearm secondary to pain. The injured worker's diagnoses included wrist pain, cervical brachial syndrome, myalgia and myositis, and neuropathy entrapment. The injured worker's treatment plan included continuation of prescribed medications and a prescription of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 % PATCH 700 MG/PATCH APPLY FOR 12 HOURS PER DAY AS NEEDED FOR PAIN QTY: 30 PATCHES WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends Lidoderm patches for injured workers who have failed to respond to a trial of oral anticonvulsants. The clinical documentation does indicate that the injured worker has been on gabapentin since 02/2013. The clinical documentation does support that the injured worker has effective pain control with the prescribed medication schedule and does have adequate functional benefit to participate in activities of daily living. Therefore, the need for an additional medication is not supported. Also, the request is with 1 refill. This does not allow for an adequate re-assessment or evaluation of a trial of medication. As such, the requested Lidoderm 5% patch 700 mg/patch, apply for 12 hours per day as needed for pain, quantity 30 pain patches with 1 refill is not medically necessary or appropriate.

FLEXERIL 10 MG 1 TABLET TWICE A DAY FOR PAIN QTY: 60 TABLETS WITH 1 REFILL: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does indicate that the injured worker has been on a muscle relaxant since at least 02/2013. This exceeds the treatment duration made by guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Therefore, continued use would not be indicated in this clinical situation. As such, the requested Flexeril 10 mg, 1 tablet twice a day for pain, quantity 60 tablets with 1 refill is not medically necessary or appropriate.