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| Case Number: | CM14-0012991 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 03/25/2003 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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 Internal 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 a 63-year-old male who has submitted a claim for enthesopathy of the hip region, degeneration of lumbar or lumbosacral intervertebral disc, aseptic necrosis of bone site (unspecified), other pain disorders related to psychological factors, depressive disorder not elsewhere classified, chronic pain syndrome, and myalgia and myositis (unspecified) associated with an industrial injury date of 3/25/03. Medical records from 2012-2013 were reviewed which revealed persistent pain in both hips, buttocks and low back radiating to both lower extremities. Pain was graded at 8/10. He can ambulate up to a city block with a straight cane. Physical examination showed antalgic gait. Lumbar/lumbosacral spine range of motion was within normal limits except for flexion which was limited to 30 degrees with pain and extension which was limited to 5 degrees. Tenderness was noted over upper paraspinal musculatures. No muscle spasm noted. Range of motion of hip was within normal limits except for abduction which was limited to 30 degrees in both lower extremities. Straight leg raise test was negative. Muscle tenderness was noted over gluteus medius and iliotibial band. FABER, FADIR and Slump tests were negative. Ober's sign was positive. Treatment to date has included home exercise program and right hip surgery. Medications taken include cyclobenzaprine, flector patch, Ibuprofen, and lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, a sedating muscle relaxant, is recommended as an option for short course therapy in managing back pain. In this case, patient has been taking Cyclobenzaprine since at least August 2012. However, the progress report dated 1/24/14 did not mention the presence of muscle spasm. Furthermore, prolonged use of this medication is not recommended. Therefore, the request is not medically necessary.

Lidoderm 5% 700mg/patch #30 patches with five refills: Upheld

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

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclics or SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the patient has been using Lidoderm patches since at least August 2012. However, there is no evidence in the documentation that the patient initially tried first line medications such as Lyrica or an antidepressant. Likewise, beneficial effects from Lidoderm patch were not documented. Therefore, the request is not medically necessary.

Ibuprofen 800mg #90 with five refills: 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 Page(s): 56-57.

Decision rationale: As stated on pages 22 and 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was given Ibuprofen since at least August 2012. The progress report dated 1/24/14 mentioned that there was a 70% decrease in pain with the use of Ibuprofen. However, chronic NSAID intake is not advisable. Therefore, the request is not medically necessary.