

Case Number:	CM14-0015788		
Date Assigned:	03/14/2014	Date of Injury:	02/09/2011
Decision Date:	10/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/07/2014

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 Florida. 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 patient is a 61 year-old with a date of injury of 02/09/11. The only progress report submitted dated 07/24/13 did not identify any subjective or objective complaints. A diagnostic report indicated there was neck and bilateral upper extremity pain. Diagnoses included (paraphrased) cervical and lumbar disc disease. Treatment had included an unspecified number of physical therapy sessions (initial review) and oral medications. A Utilization Review determination was rendered on 12/31/13 recommending non-certification of Physical therapy to the neck arms, and low back #6; Lidoderm 5% patches #30 with 2 refills; and Flexeril 10mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical therapy to the neck arms, and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "...

active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. The record did not document previous physical therapy sessions. 6 sessions are requested, which may exceed the recommendation of 10 visits. In this case, the record does not document previous physical therapy and functional improvement and therefore the request for 6 physical therapy sessions is not medically necessary.

Lidoderm 5% patches #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm

Decision rationale: Lidoderm (Lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use:- Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology;- There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica);- This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints;- An attempt to determine a neuropathic component of pain should be made;- The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day);- A trial of patch treatment is recommended for a short-term period;- Continued outcomes should be intermittently measured and if improvement does not continue, Lidocaine patches should be discontinued. Therefore, in this case, there is no documentation of the neuropathic component of the pain, failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm. This request is not medically necessary.

Flexeril 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: Flexeril (Cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that Cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for Cyclobenzaprine for chronic use. Though it is noted that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of Cyclobenzaprine to other agents is not recommended. The Guidelines do note that Cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Flexeril beyond a short course are not well supported. The patient has been on Flexeril for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Flexeril (Cyclobenzaprine).