

Case Number:	CM14-0018066		
Date Assigned:	04/16/2014	Date of Injury:	02/25/2004
Decision Date:	06/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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] and has submitted a claim for status post cervical discectomy and C4-6 fusion with left cervical radiculopathy, bilateral sacroiliitis, lumbar facet syndrome status post rhizotomy, and L4-5 disc herniation associated with an industrial injury date of February 25, 2004. The treatment-to-date has included oral and topical analgesics, cervical epidural injections, and cervical and lumbar spine surgeries. The utilization review dated January 22, 2014, denied the requests for lidoderm patch 5%, because there has been no evidence of first-line treatment failure; and Skelaxin 800mg #90, because acute pain was not documented. The medical records from 2013 were reviewed and showed increasing complaints of severe, persistent neck pain radiating to the left upper extremity and low back pain. The physical examination was positive for Spurling sign to the left and left axial head compression test. There was increased pain with extension of the lumbar spine. Progressive atrophy of the left upper extremity was noted, with tenderness over the left distal ulna and left ulnar impingement signs. She has global hypoesthesia to pinwheel and severe weakness in the left upper extremity. A Lidoderm patch and Skelaxin were prescribed, in addition to other pain medications, which provided her significant ongoing relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR LIDODERM PATCH 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERMÂ® (LIDOCAINE PATCH) Page(s): 56-57. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, LIDODERM.

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

Decision rationale: The Chronic Pain Guidelines indicate that Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED), such as gabapentin or Lyrica). In this case, the patient suffers from chronic neuropathic pain; however, there was no evidence of failure of first-line medications. In addition, the request does not indicate the frequency and duration of use. Therefore, a request for Lidoderm patch 5% #60 is not medically necessary.

PRESCRIPTION FOR SKELAXIN 800MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METAXALONE (SKELAXIN) AND MUSCLE RELAXANTS (FOR PAIN), Page(s): 61, 63.

Decision rationale: The Chronic Pain Guidelines indicate that metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain treatment of acute exacerbations in patients with chronic low back pain (LBP). The guidelines also indicate that in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In this case, the patient has been taking Skelaxin as far back as November 2013; however, the duration and frequency of use was not documented. It was not clear whether Skelaxin will be used for a short time only. Prolonged use is not recommended. In addition, there was no evidence of trial and failure of first-line medications. Therefore, the request for Skelaxin 800mg #90 is not medically necessary.