

Case Number:	CM14-0018947		
Date Assigned:	04/23/2014	Date of Injury:	07/22/2008
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship Trained Spine Surgery and is licensed to practice in Texas. 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 53-year-old male that was injured on 07/22/08, when he bent over while pulling and lifting a charged three inch hose line, while performing his normal duties as a fire engineer. The patient sustained injuries to the low back. The current diagnoses included sprain of the lumbar spine and thoracolumbar/sacral myofascial syndrome. The treatments to date included lumbar epidural steroid injections, computerized tomography (CT) guided selective nerve root block, physical therapy, chiropractic treatment, and medication management. The patient was certified for bilateral L4-5 posterior lumbar decompression on 09/30/13; however, he declined surgical intervention at this time. The clinical note dated 02/11/14 indicated that the patient presented reporting increased pain with prolonged activities and weather. The patient reported pain radiating down the bilateral lower extremities that interfered with sleep; however, it was currently not bad enough for surgical intervention. A physical examination revealed 60% range of motion, tender L5-S1 paraspinal muscle spasms, good heel toe walk, positive straight leg raise, good dorsiflexion strength, and no acute neurological changes. The medications included Skelaxin 800mg, lidocaine patch, Tylenol over the counter, and Aleve over the counter. The patient was advised to continue home exercises as directed. The request was for physical therapy or chiropractic treatment three (3) times a week for six (6) weeks, MRI of the thoracic spine to rule out herniated nucleus pulposus (HNP), and MRI of bilateral hips/pelvis to rule out avascular necrosis was submitted. An initial request for Skelaxin 800mg quantity 90 and lidocaine patch quantity 30 was non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

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

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four (2-4) week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Skelaxin 800mg QTY: 90.00 cannot be established at this time.

LIDOCAINE PATCH QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The Chronic Pain Guidelines indicate that the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for the treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore, Lidocaine Patch QTY: 30.00 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.