

Case Number:	CM14-0112615		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2002
Decision Date:	10/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice, and is licensed to practice in Ohio. 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 45 year old female with a date of injury of 10/18/2002 although we are not told what the original mechanism of injury was. She complains of chronic neck pain and headaches. She had an anterior cervical fusion surgery at C6-C7 in the past and a spinal cord stimulator implantation that has been unsuccessful. A median nerve block on 10-22-2012 was said to be helpful but a facet rhizotomy on 1-30-2014 was not. In fact, a Lidoderm patch has been used for neuropathic pain that resulted from the procedure. The main pain is thought to be facet mediated as an electromyogram from 2012 was negative for radiculopathy. The physical exam reveals tenderness to palpation of the cervical musculature, diminished cervical range of motion, a positive Tinel's sign to the left wrist, and diminished sensation of the first 3 digits of the left hand. The diagnoses include bilateral ulnar neuropathy, cervical post- laminectomy syndrome, and right upper extremity sympathetically mediated pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Facet joint radiofrequency neurotomy), Pain (Lidoderm patch)

Decision rationale: Radiofrequency medial branch neurotomy, or radiofrequency ablation (RFA), is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. Potential side effects include painful cutaneous dysesthesia, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. Topical lidocaine (Lidoderm Patch) may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as gabapentin or Lyrica). In this instance, there is historical documentation that hypersensitivity to the skin existed as a consequence of radiofrequency ablation. Additionally, the injured worker was also currently receiving gabapentin. However, there are no exam findings to verify that a localized neuropathy in fact exists. There are no enclosed office notes after 3-12-2014, although the request for authorization comes from 7-18-2014. Additionally, a quantity of Lidoderm patches is not specified. Therefore, Lidoderm patches are not medically necessary due to a lack of specific documentation.

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants.

Decision rationale: Cyclobenzaprine is recommended for a short course of therapy. Immediate release (e.g. Flexeril, generic) recommended over extended release (Amrix) due to recommended short course of therapy (also note substantial increase in cost for extended release without corresponding benefit for short course of therapy). Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). Muscle relaxants are appropriate for short periods of time, generally up to 3 weeks, for acute exacerbations of pain/spasm. In this instance, no quantity of Flexeril is specified and over what period of time. Additionally, no office notes are included past 3-12-2014 (although the Request for Authorization comes from 7-18-2014) and so we do not know if Flexeril usage has been ongoing or not. Therefore, the request for Flexeril is not medically necessary due to a lack of specific and timely documentation.