

Case Number:	CM14-0125990		
Date Assigned:	08/13/2014	Date of Injury:	06/02/2006
Decision Date:	09/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/08/2014

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 Tennessee. 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 54-year-old female who has submitted a claim for chronic neck and low back pain associated with an industrial injury date of 06/02/2006. Medical records from 05/20/2013 to 07/14/2014 were reviewed and showed that patient complained of neck and low back pain (pain scale grades not specified). Physical examination revealed decreased cervical spine and lumbar spine range of motion (ROM). Spurling's and straight leg raise (SLR) tests were negative. MMT was 5/5 throughout upper and lower extremities. Treatment to date has included Acetaminophen/Codeine #3 (Tylenol) 300-30mg tab (frequency and quantity not specified) prescribed since 05/20/2013, Cyclobenzaprine HCl (Flexeril) tab 10mg (frequency and quantity not specified) prescribed since 05/20/2013 and Lidoderm 5% patch (quantity not specified) prescribed since 05/20/2013, and home exercise program. Utilization review dated 07/21/2014 denied the request for Lidoderm patches 5% #30 because there was no objective evidence to support the use of Lidoderm patches. Utilization review dated 07/21/2014 denied the request for Flexeril 10mg #30 with 2 refills because there was absence of evidence to support that current symptoms were related to date of injury (DOI) or that aggravation has not returned to baseline. Utilization review dated 07/21/2014 denied the request for Tylenol #3 #30 with 2 refills because there was no demonstrated medical necessity of long-term opioid therapy for the cited diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg with 2 refills: Upheld

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

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine HCl (Flexeril) tab 10mg (frequency and quantity not specified) since 05/20/2013. The patient's response to Flexeril was unclear as there was no documentation of functional improvement. Furthermore, the guidelines do not recommend the long-term use of Flexeril. There was no discussion as to why variance from guidelines recommendation is needed. Therefore, the request for Flexeril 10mg with 2 refills is not medically necessary.

Lidoderm 5% patch #30: Upheld

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

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

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch 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 was prescribed Lidoderm 5% patch (quantity not specified) since 05/20/2013. There was no documentation of previous first-line treatment use such as tri-cyclic antidepressants, SNRI antidepressants, or AED to support the use of Lidoderm patches. There was no clear indication for use of Lidoderm based on the available medical records. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.

Tylenol 3 #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioid Page(s): 35; 80.

Decision rationale: Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be

efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, the patient was prescribed Acetaminophen/Codeine #3 (Tylenol) 300-30mg tablets (frequency and quantity not specified) since 05/20/2013. The patient's response to Tylenol #3 was unclear as there was no documentation of pain relief or functional improvement. The long-term use of Tylenol #3 is not in conjunction with guidelines recommendation. The guidelines state that opioids are limited for short-term relief of low back pain. There was no clear indication for continuation of Tylenol #3 based on the available medical records. Therefore, the request for Tylenol 3 #30 with 2 refills is not medically necessary.