MAXIMUS Federal Services

Case Number:	CM14-0165070		
Date Assigned:	10/10/2014	Date of Injury:	12/13/2011
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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: 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 injured worker is a 43 year old male with a date of injury on December 13, 2011. He is diagnosed with (a) acute lumbosacral strain with disc herniation ruled out, (b) left extremity radicular pain, (c) status post right elbow open surgery and debridement with residual pain, and (d) right elbow pain with paresthesia down to the fifth digit with cubital tunnel syndrome ruled out. Per the pain management consultation report dated May 15, 2014, he complained of localized pain at the L4 to L5 level, with pain radiating down to the left lower extremity. There was numbness and tingling sensation intermittently to the left first toe. His prescribed medication included Naprosyn, tramadol, and Flexeril at nighttime. The magnetic resonance imaging scan of the lumbar spine dated March 13, 2014 was reviewed. The results revealed (a) 2-millimeter central and paracentral disc protrusion associated with tinny right posterolateral annular fissure at L5 to S1 level, (b) 2-millimeter central and left paracentral and 2.5 millimeters right paracentral disc protrusion at L4 to L5 level, and (c) 2-millimeter central and paracentral disc protrusion at L3 to L4 level; otherwise there was no central canal stenosis seen. Per progress note dated August 20, 2014, he complained of pain in the thoracic spine, lumbar spine, right elbow, right ankle, and right foot. He reported that the pain radiated form the lumbar spine to the left lower extremity. He related that it was over the anterior portion of thighs, medial portion of the lower leg as well as posterior leg. He added that he had continuing numbness in the fourth and fifth right hand digits. He stated that he had continuing pain in the bilateral foot; however, the majority of his symptoms were within his lumbar spine. The examination of the lumbar spine revealed decreased range of motion due to pain. The straight leg raise test was positive on the left at 60 degrees with radiation to the posterior thigh as well as calf. Objectively, the right elbow was positive with Tinel's sign on the medial aspect for possible cubital tunnel syndrome. Flexeril (Cyclobenzaprine) 10mg #45 was prescribed. Diclofenac/Lidocaine cream (3 percent / 5 percent)

180 grams was requested, in an effort to provide with further pain relief and keep him working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream (3%/5%) 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Diclofenac/Lidocaine cream (3%/5%) 180 gm is not warranted at this time. The Chronic Pain Medical Treatment Guidelines state that topical analgesics with lidocaine is recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. However, the injured worker did not satisfy the guideline criteria in this case. There is no documentation whether or not the injured worker has tried first line therapy for neuropathic pain. Therefore, it can be concluded that the request for Diclofenac/Lidocaine cream (3%/5%) 180 gm is not medically necessary.

Flexeril (Cyclobenzaprine) 10mg #45, 1 tablet by mouth for spasms as needed every 8 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flexeril 10 mg #45 is not medically necessary at this time. The Chronic Pain Medical Treatment Guidelines state that use of this medication is recommended as an option, using a short course of therapy. However, from the medical records reviewed, it has been determined that the injured worker has been taking Flexeril since May 2014. Therefore, it can be concluded that the medical necessity for long-term use of Flexeril is not established.