

Case Number:	CM14-0175246		
Date Assigned:	10/27/2014	Date of Injury:	04/24/2002
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 55-year-old female with an injury date of 04/24/02. Based on the 07/02/14 progress report provided by [REDACTED] the patient complains of bilateral knee, left foot and left lower extremity pain. She ambulates with a walker. Patient had a revision surgery on 05/22/14 to her left knee, and wound has not yet healed due to infection. Physical examination revealed extension 165 degrees and flexion 75 degrees. Per the physician report dated 09/03/14, the patient has been prescribed Flexeril 7.5mg #120 for her chronic pain. He also requests authorization for LidoPro cream and Terocin patches. Diagnosis 07/02/14- status post left total knee revision surgery with rupture of most of the tendon attachment noted at surgery- infected total knee status post left total knee revision surgery- internal derangement of left knee with patellofemoral inflammation- reflex sympathetic dystrophy of the left lower extremity- right foot plantar fasciitis with involvement of the ankle on the right. The utilization review determination being challenged is dated 10/07/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/11/08 - 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #120: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per physician report dated 09/03/14, the patient has been prescribed Flexeril 7.5mg #120 for her chronic pain. The physician is requesting the same prescription quantity 120, which indicates long term use for the patient's chronic pain. Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. The request is not medically necessary.

Lidopro cream one bottle: 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 creams Page(s): 111.

Decision rationale: The MTUS has the following regarding topical creams (page 111, Chronic Pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Requested topical ointment is not indicated by MTUS. The request is not medically necessary.

Terocin patches #30: 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 lidocaine; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Lidocaine Page(s): 57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm® (lidocaine patch), under Pain (Chronic) chapter

Decision rationale: The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS

Page 112 also states, "Lidocaine Indication: Neuropathic pain. It is recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In review of medical records, physician has not documented reason for the request, how the patches will be used, nor area of treatment. The patient has knee pain and a diagnosis of reflex sympathetic dystrophy of the left lower extremity, for which topical lidocaine patch may be indicated. However, the physician does not discuss how it is used with what efficacy. The request is not medically necessary.