

Case Number:	CM14-0175886		
Date Assigned:	10/28/2014	Date of Injury:	02/20/2008
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 48 year old female with date of injury 2/20/2008. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral paraspinal musculature lumbar spine, positive straight leg raise. Diagnoses: lumbar discogenic pain at L4-5, L5-S1, lumbar radiculitis, chronic pain syndrome. Treatment plan and request: Lidoderm patch, Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60: Upheld

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

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

Decision rationale: This 48 year old female has complained of lower back pain since date of injury 2/20/2008. She has been treated with physical therapy and medications to include the Lidoderm patch for at least 4 months duration. The current request is for a Lidoderm patch. Per

the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, gene).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 48 year old female has complained of lower back pain since date of injury 2/20/2008. She has been treated with physical therapy and medications. The current request is for Norflex, #60. Per the MTUS guidelines cited above, muscle relaxant agents (Norflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Norflex is not indicated as medically necessary.