

Case Number:	CM14-0178265		
Date Assigned:	10/31/2014	Date of Injury:	02/11/2000
Decision Date:	12/08/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

63 yr. old female claimant sustained a cumulative work injury from 2/11/99-2/11/2000 involving the low back and neck. She was diagnosed with degenerative disk disease of cervical and lumbar spine. In addition, she had diabetes and hypertension. A progress note on 7/22/14 indicated the claimant had a completely normal exam. He had pain in the upper back, low back and shoulders which worsened with moving. The physician recommended a functional restoration program and provided, Gabapentin, topical Lidoderm, Methocarbamol and Percocet for pain. A progress note on 9/17/14 indicated the claimant had the same pain with normal exam findings. She was continued on the same medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch, 1-2 patches a day, #60 (prescribed 9/17/14): 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): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or

safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine is 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. In this case, there is no documentation of failure of 1st line medications. The claimant did not have pain due to the diabetes. The claimant had a normal exam and persistent pain despite over 3 months use of Lidoderm. The continued use of Lidoderm is not medically necessary.

Methocarbamol 500, 4 per day, #120 (prescribed 9/17/14): 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 Page(s): 63-67.

Decision rationale: Methocarbamol is a muscle relaxant. According to the MTUS guidelines Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The claimant had been on Methocarbamol for months with no change in exam, no mention of muscle spasms and normal exam findings. The continued use of Methocarbamol is not medically necessary.