

Case Number:	CM14-0181908		
Date Assigned:	11/06/2014	Date of Injury:	10/12/2012
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 48 year old male with an injury date of 10/12/12. Based on the 09/11/14 progress report provided by [REDACTED], the patient complains of back, arm and foot pain. Gait is normal. Physical examination revealed back is not tender. Negative Straight Leg Raise test. Deep tendon reflexes decreased at bilateral ankles. Patient had radiculopathy and spinal stenosis, which improved. Patient's medications include Flexeril, Hydrocodone and Metformin HCl. Flexeril has been prescribed in progress report dated 01/30/14. Patient is working at full duty and is doing well on his current medications and does not want to change. Treating physician states patient is not willing to stop meds, it would be difficult to withdraw them completely as he has documented industrial neuropathy. Surgical History: laminectomy L5-S1 on the right 1995; bilateral laminectomy L5-S1 1997; bilateral carpal tunnel surgery 1997; left plantar fascia surgery 2010; bilateral ulnar nerve decompression 2012; microlaminectomy Simmons 03/29/13. Diagnosis 09/11/14: shoulder pain, left; back pain, lumbar with radiculopathy; spinal stenosis; diabetes mellitus; plantar fasciitis, left; foot pain, left; ulnar neuropathy; carpal tunnel syndrome. The utilization review determination being challenged is dated 10/27/14. Per UR letter, "patient has been prescribed Lidoderm patch for at least 4 months, and still complaining of low back pain..." [REDACTED] is the requesting provider and she provided treatment reports from 01/22/98 - 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lidoderm patches, pain chapter

Decision rationale: The patient presents with back, arm and foot pain. The request is for Lidoderm 5% Patch #30 x 2. The patient is status post bilateral carpal tunnel surgery 1997, left plantar fascia surgery 2010 and bilateral ulnar nerve decompression 2012. 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)." Page 112 also states, "Lidocaine Indication: Neuropathic pain. 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 documented for pain and function. Per UR letter dated 10/27/14, "patient has been prescribed Lidoderm patch for at least 4 months and still complaining of low back pain..." Patient's diagnosis dated 09/11/14 included diabetes mellitus, left plantar fasciitis, left foot pain, ulnar neuropathy, and carpal tunnel syndrome. The patient does present with peripheral neuropathy for which Lidoderm would be indicated based on guidelines. Furthermore, the treating physician has not documented reason for the request, nor which body part will be treated. Additionally, there is no documented outcome for pain and function. Recommendation is that the request is not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with back, arm and foot pain. The request is for Flexeril 10mg #30. The patient is status post laminectomy L5-S1 on the right 1995 and bilateral laminectomy L5-S1 1997. Patient's diagnosis dated 09/11/14 included left shoulder pain, lumbar pain with radiculopathy and spinal stenosis. Patient's medications include Flexeril, Hydrocodone and Metformin HCl per progress report dated 09/11/14. MTUS page 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 progress report dated

09/11/14, the treating physician states that patient is working at full duty and is doing well on his current medications, and does not want to change. Flexeril has been prescribed in progress report dated 01/30/14, which is 9 months from the UR date of 10/27/14. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Furthermore, the request is for quantity 30. Recommendation is the request is not medically necessary.