

Case Number:	CM14-0022824		
Date Assigned:	06/13/2014	Date of Injury:	05/01/2007
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 46 year old male with an injury date of 05/01/07. Based on the 01/13/14 progress report provided by [REDACTED], the patient complains of low back pain which radiates down the left leg to calf. He has diffuse tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region. The patient's diagnoses include the following: 1.Lumbar radiculopathy 2.Degenerative disc disease of the lumbar spine. [REDACTED] is requesting for the following: 1.Flexeril 7.5 mg 2.Lidopro Ointment. [REDACTED] is the requesting provider and he provided three treatment reports from 10/14/13, 01/13/14, and 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines, page 64

Decision rationale: According to the 01/13/14 report by [REDACTED], the patient presents with low back pain which radiates down the left leg to calf. The request is for Flexeril 7.5 mg. Regarding Flexeril, MTUS page 64 states "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." The patient began taking Flexeril on 01/13/14. Based on review of the reports, the patient appears to be prescribed this medication for his chronic back pain which is not recommended by MTUS. The request is not medically necessary.

LIDOPRO OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on the Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111.

Decision rationale: According to the 01/13/14 report by [REDACTED], the patient presents with low back pain which radiates down the left leg to calf. The request is for Lidopro Ointment. MTUS page 111 states that 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." MTUS does not support lotion formulation of lidocaine for neuropathic pain. The request is not medically necessary.