

Case Number:	CM14-0023940		
Date Assigned:	06/11/2014	Date of Injury:	03/14/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation 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 injure worker is a 42 year old female who reported an injury on 03/14/2013 due to an unknown mechanism. The injured worker complained of sharp, burning, throbbing pain, feeling like pins and needles with numbness and tingling on her neck and lumbar spine. On 12/05/2013 the injured worker's physical examination revealed restricted range of motion of the cervical spine, flexion 75%, extension 50%, lateral bending and rotation to the right 50%, left 75%. The spurling test was positive. The impingement sign was negative. There were no sensory abnormalities noted. The MRI on 08/05/2013 revealed a tear of the anteroinferior labrum with associated paralabral cysts, and mild degenerative changes of the acromioclavicular joint. The injured worker's current diagnosis was not provided. The injured received 9 acupuncture therapy treatments from 08/2013 to 12/2013. The injured worker was on the following medications Neurontin 100mg, Relafen 750mg, omeprazole 20mg, ultracet, and Norco. The current treatment plan is for Lidoderm 5% 700mcg/patch #30 with 2 refills, and cyclobenzaprine 10mg, #30 with 2 refills. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% 700MCG/PATCH, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidocaine Indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The request for Lidoderm 5% 700mcg/patch, #30 with 2 refills is not medically necessary. The injured worker has a history of neck, and lumbar spine pain. The CA MTUS guidelines state that Lidoderm 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. There was no documentation of prior use of gabapentin or Lyrica. In addition the frequency were not provided for the purposed medication. Given the above the request for Lidoderm 5% 700mcg/patch, #30 with 2 refills is not medically necessary.

CYCLOBENZAPRINE 10MG, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: The request for cyclobenzaprine 10mg, #30 with 2 refills is not medically necessary. The injured worker has a history of neck, and lumbar spine pain. The CA MTUS guidelines state that cyclobenzaprine is a skeletal muscle relaxant indicated as an adjunct to rest and physical therapy for the relief of muscle spasms associated with acute, painful musculoskeletal condition. It should only be used for short periods (2-3 weeks) because adequate evidence of effectiveness for more prolonged use is not available. Although, the injured worker received acupuncture, there was lack of documentation regarding physical therapy. In addition the frequency and duration is not specified for the proposed medication. Given the above the request for cyclobenzaprine 10mg, #30 with 2 refills is not medically necessary.