

Case Number:	CM14-0033258		
Date Assigned:	06/20/2014	Date of Injury:	05/30/1999
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurological Surgery 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 injured worker is a 50-year-old female who was reportedly injured on May 30, 1999. The mechanism of injury was noted as falling on a concrete floor sustaining an injury to her right leg, arm, hand and back. The most recent progress note dated, February 21, 2014, indicated that there were ongoing complaints of low back pain, with bilateral leg radiation. Claimant stated her pain level had not changed and that her medications were working well. Claimant stated Neurontin was making her lower extremity better. The physical examination demonstrated a normal gait. Thoracic spine was normal. Lumbar spine revealed there was no scoliosis. The range of motion was restricted with extension to 18 (limited by pain). Flexion was normal as well as right and left lateral bending. There was tenderness to palpation over the paravertebral muscles bilaterally. There was tenderness throughout the spinous processes of the lumbar spine. The patient was able to toe heel walk. Straight leg raises were negative bilaterally. Lower extremity reflexes were equally symmetric. There was tenderness over the sacroiliac spine as well as tenderness over the greater trochanters bilaterally. Faber test was positive. Neurosensory exam was normal. Previous nerve conduction studies from, March 9, 2007, revealed an absent left peroneal F wave. A computerized tomography of the C5- C6 was without focal protrusion. A magnetic resonance image (MRI) of the left knee revealed horizontal oblique tear, posterior horn of medial meniscus. MRI of the cervical spine from 2002 revealed posterior disc herniation that was abutting the spinal cord without causing spinal cord canal stenosis at C6-C7, and MRI of the right shoulder from 2002 revealed the Type II acromion without evidence of a rotator cuff impingement. Previous treatment included multiple oral medications including Ultram, Cymbalta, Celebrex, Lyrica, Percocet which all caused side effects. Previous lumbar epidural steroid injections, completed in 2006, offered excellent relief. Current medications include Flexeril, Lidoderm 5% patch, Neurontin 600 mg, Norco 10/325 mg, lisinopril 10 mg, Prozac 20 mg, Ambien 10 mg and

Ativan and physical therapy A request had been made for Lidoderm 5% patch #30, Norco 10/325 mg #90 and Flexeril 10 mg #30 and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Topical analgesics are "largely experimental" in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. There was no noted efficacy objectified with this preparation. Lidoderm was used off label for diabetic neuropathy. Based on the patient's diagnoses of axial pain and trochanteric bursitis, there was no indication of neuropathy. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Reference: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: Norco is a short acting opiate and should be used for moderate to severe breakthrough pain. Documentation should include reviewing pain relief, functional status, appropriate medication use and side effects. This claimant has chronic pain due to her date of injury. However, there was not enough clinical documentation that this medication was improving her pain or function. As such, this request is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of skeletal muscle relaxants such as Flexeril for short term treatment of pain but advise

against long term use. Given the injured workers' date of injury and the clinical presentation, the guidelines do not support the use of this medication for chronic pain. As such, this medication is not medically necessary.