

Case Number:	CM14-0036777		
Date Assigned:	06/25/2014	Date of Injury:	05/30/1997
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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, and is licensed to practice in Illinois. 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 68-year-old female with a reported date of injury on 05/30/1997. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with severe back pain. The injured worker rated her pain at 7/10 with medications and 10/10 without medications. Upon physical examination, the lumbar spine range of motion revealed flexion to 60 degrees, extension to 5 degrees, and bilateral rotation to 80 degrees. The physician indicated that the injured worker reported sensory loss to light touch and pinprick in the right lateral calf and bottom of her foot. The clinical information indicated that the injured worker had previous imaging studies that revealed lumbosacral sprain/strain with lumbar degenerative disc disease. The previous physical therapy and home exercise conservative care was not provided within the documentation available for review. The injured worker's diagnoses include low back pain, history of lumbar sprain/strain with underlying lumbar degenerative joint disease. The injured worker's medication regimen included Lidoderm patches, tramadol, ibuprofen, Amrix, and Biofreeze ointment. The Request for Authorization for Lidoderm patches 5% #60 and Amrix 50 mg #30 was not submitted. The physician requested the medication regimen to be continued to keep the injured worker functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), page(s) 57 Page(s): 57.

Decision rationale: The California MTUS Guidelines state that Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The clinical documentation provided for review indicated, the injured worker has utilized Lidoderm patches prior to 09/11/2013. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing utilization of Lidoderm patches. The injured worker's pain on 09/11/2013 was rated at 8/10. The injured worker's rated the pain on 03/05/2014 between 7/10 and 9/10. In addition, the request as submitted failed to provide a frequency and a specific site at which the Lidoderm patches were to be utilized. Therefore, the request for Lidoderm patches 5% #60 is not medically necessary.

Amrix 50 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, page(s) 41 Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical documentation provided for review indicates that the injured worker has utilized Amrix prior to 03/05/2014. The clinical documentation indicates that the physician prescribed Amrix capsules for back spasms. The physician indicated that patient revealed muscle spasms related loss of lordotic curvature in her lumbar spine. There was a lack of objective clinical findings related to the therapeutic benefit in the utilization of Amrix. In addition, the guidelines state that the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and the treatment should be brief. Therefore, the continued use of Amrix exceeds the recommended guidelines. In addition, the request as submitted failed to provide a frequency and directions for the use of Amrix. Therefore, the request for Amrix 50 mg #30 is not medically necessary.