

Case Number:	CM14-0042412		
Date Assigned:	06/20/2014	Date of Injury:	05/23/2006
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 injured worker is a 60-year-old male who reported an injury on 05/23/2006; the mechanism of injury was not provided within the submitted medical records. The patient's diagnoses include mood disorder, pain in joint of the lower leg, hand pain, and knee pain. The current medication list includes trazodone 50 mg once at night as needed, Flector 1.3 patches applied for 12 hours per day as needed, Flexeril 10 mg twice a day as needed, Lidoderm 5% patch applied to skin 12 hours on and 12 hours off, oxycodone HCL IR 10 mg twice a day as needed, Depakote 250 mg once a day, Seroquel 100 mg once a day, Celebrex 50 mg once a day, Lovenox 30mg/0.3 mL IM once a day, and tramadol HCL 50 mg once a day as needed. Within the clinical note on 05/02/2014, it was noted to reveal that the injured worker reported the pain level had remained unchanged since the previous clinical visits with no new problems or side effects. It was further stated that the injured worker's quality of sleep was fair and the injured worker's quality of life had improved. The physical examination revealed the range of motion was restricted in the cervical spine with tenderness to palpation over the paravertebral muscles with spasms and tenderness over both sides. The physical exam of the lumbar spine revealed a decreased range of motion with hypertonicity and spasms along both sides. It was further noted that the injured worker had a negative straight leg raise test and a negative Faber test with all lower extremity reflexes equal and symmetric. Within the treatment plan it was noted that the Lidoderm patch was to be utilized on the knee for pain relief and was indicated as working well and allowing him not to take opiates. The Request for Authorization was dated 02/24/2014 within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lidoderm 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 1 prescription of Lidoderm 5% #60 is non-certified. The California MTUS Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, the guidelines further state that for non-neuropathic pain lidocaine is not recommended. Given the showed the etiology of the knee pain to be musculoskeletal in nature the request is for a specific type of pain that is non-neuropathic pain and is not recommended by the guidelines, and cannot be supported at this time by the guidelines. As such, the request is non-certified.

One prescription of Flexeril 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 42-43.

Decision rationale: The request for 1 prescription of Flexeril 10 mg is non-certified. The California MTUS Guidelines recommend cyclobenzaprine for a short course of therapy. There has been limited mixed evidence that does not allow for a recommendation of chronic use of cyclobenzaprine. Throughout the documentation it was shown that the patient has utilized Flexeril for a significant period of time which exceeds the guidelines' recommendations of a short-term utilization of the medication. Furthermore, within the request it is not documented the frequency of the medication. Without further documentation to show the extenuating circumstances of why the patient should continue using Flexeril outside the guidelines' recommendations of a short course of therapy and the documentation to show the frequency of the medication, the request at this time is not supported by the guidelines. As such, the request is non-certified.