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| Case Number: | CM14-0051327 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/21/2001 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 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:

According to the records made available for review, this is a 56-year-old female with an 8/21/01 date of injury. At the time (4/7/14) of the Decision for Lidoderm patches #90 with five refills and Flexeril 10 mg #60 with one refill, there is documentation of subjective (neck and low back pain) and objective (diminished sensation in 2-5th fingers on the right, decreased cervical range of motion, and tenderness over the cervical paraspinalis and traps) findings, current diagnoses (cervical degenerative disc disease and radiculopathy; lumbar disc pain, radiculopathy, and degenerative disease; and muscle pain), and treatment to date (TENS unit and medications (including ongoing treatment with Flexeril and Lidoderm patches since at least 9/19/12)). Medical report identifies that the patient is stable with medications, and is able to do the dishes and walk with the help of medications. Regarding Lidoderm patches, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Regarding Flexeril 10 mg #60 with one refill, there is no documentation of the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #90 with five refills: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and radiculopathy; lumbar disc pain, radiculopathy, and degenerative disease; and muscle pain. In addition, given documentation of ongoing treatment with Lidoderm patches and that the patient is stable with medications, and is able to do the dishes and walk with the help of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Lidoderm patches use to date. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches #90, with five refills is not medically necessary.

Flexeril 10 mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease and radiculopathy, lumbar disc pain, radiculopathy, and degenerative disease, and muscle pain. In addition, given documentation of ongoing treatment with Flexeril patches and that the patient is stable with medications, and is able to do the dishes and walk with the help of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Flexeril patches use to date. However, there is no documentation of acute muscle spasm. In addition, given documentation of medical reports identify reflecting prescriptions for Flexeril since at least 9/19/12; there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg, #60 with one refill is not medically necessary.

