

Case Number:	CM14-0075517		
Date Assigned:	07/16/2014	Date of Injury:	04/08/2010
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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 patient is a 55-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy and lumbago associated with an industrial injury date of April 8, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of chronic neck, low back and knee pain. Cervical spine range of motion was limited by pain in all directions. Spurling's test was positive on the left. There was pain at the terminal range of left shoulder motion and evidence of spasm upon abduction of the left shoulder. Impingement test, Neer's test and empty can-supraspinatus test were positive on the left. Biceps and Brachioradialist reflexes were 2+ on the left. Otherwise, the patient was described to be neurologically intact. Treatment to date has included surgery, physical therapy, home based exercise program, opioid medications, cyclobenzaprine, and topical creams. Utilization review from April 28, 2014 denied the request for Flexeril 10 mg #40 because the patient had already been on this medication for a period longer than the guideline recommended two to three weeks. The request for Lidoderm patches 5% #30 was also denied because there was no indication that the patient failed a trial of first line therapy of anti-convulsants or anti-depressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg. #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, records show that the patient had intermittent prescriptions of Flexeril since at least October 24, 2012. This is already far in excess of the guideline-recommended course of treatment. Moreover, the patient continues to have symptoms despite the prescription. Therefore, the request for Flexeril 10 mg, #40 is not medically necessary and appropriate.

Lidoderm Patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors (SNRI), anti-depressants or an Anti-Epilepsy Drugs (AEDs) such as Gabapentin or Lyrica). In this case, the patient was prescribed Lidoderm 5% patch (quantity not specified) since 05/20/2013. There was no documentation of previous first-line treatment use such as tri-cyclic antidepressants, SNRI antidepressants, or AED to support the use of Lidoderm patches. There was no clear indication for use of Lidoderm based on the available medical records. Therefore, the request for Lidoderm 5% patch #30 is not medically necessary and appropriate.