

Case Number:	CM14-0095105		
Date Assigned:	07/25/2014	Date of Injury:	05/24/1999
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 75 year old female was reportedly injured on May 24, 1999. The mechanism of injury is noted as trying to separate some chairs. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of shoulder pain. The injured employee states that she takes Motrin for her shoulder pain, however current medications are stated to include Norco, Flexeril, Ibuprofen, and Xanax. The physical examination demonstrated bilateral shoulder range of motion limited by 5 degrees to 10 degrees, upper extremity muscle strength was 5/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes two shoulder arthroscopy's and oral medications. A request was made for Lidocaine patches, Flexeril, and Xanax and was not certified in the preauthorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidocaine pad 5% is not medically necessary.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril 10mg is not medically necessary.

Xanax 0.5mg and 0.25mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Xanax is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long term use because long term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to four weeks. A review of the medical records does not indicate a diagnosis of anxiety or panic disorder. As such, this request for Xanax 0.5mg and 0.25mg is not medically necessary.