

Case Number:	CM14-0187481		
Date Assigned:	11/17/2014	Date of Injury:	09/17/2010
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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 injured worker (IW) is a 49-year-old man with a date of injury of September 17, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the October 24, 2014 progress note, the IW presents for a routine follow-up and medication refill. The IW is having a hard time walking and is using a cane. He uses a walker at home. He reports a stabbing, throbbing pain that starts in his lower back and radiates down his entire leg with new onset of increased cramps throughout his left leg. His pain is constant and progressively getting worse. His functioning is extremely slow and difficult. He reports taking a lot of Advil with minimal benefit. His pain is 10/10 without medications and 10/10 with medications. The IW had a radiofrequency rhizotomy (RFR) on June 24, 2013, which relieved his pain by more than 70% for 6 months. The IW is requesting a repeat injection as soon as possible for pain relief. Current medications include Flexeril 10mg, Norco 10/325mg, Lidoderm patch 5%, Motrin, and Prilosec 20mg. There is a progress note in the medical record dated January 6, 2014 that indicated that the IW was taking Flexeril, Norco, Lidoderm patch, Motrin and Pepcid. The IW has been on the above medications for several months without any objective documentation of functional improvement, or pain assessments. Physical examination findings revealed slow antalgic gait. Straight leg raise test is positive on the left. The IW defers the rest of the exam due to severe pain. Motor strength is 5/5 in major muscle groups in bilateral lower extremities. Deep tendon reflexes are 1+ and symmetric. The IW was diagnosed with chronic low back pain, left groin pain, left hip/buttocks pain, left lower lumbar facet joint arthropathy, sacroiliac joint arthropathy, and history of left L5-S1 discectomy in April of 2011. The provider is recommending L4-L5 RFR, and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: The Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines recommend non-sedating muscle relaxants with caution 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. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy diminishes over time and prolonged use may lead to dependence. Sedation is the most common adverse effect. In this case, the injured worker is being treated for chronic low back pain, left groin pain, left hip/buttock pain, left lower lumbar facet joint arthropathy, sacroiliac joint arthropathy and history of L5 - S1 discectomy (April 2011). A progress note dated January 6, 2014 (the earliest progress note in the record) shows the injured worker was taking Flexeril 10 mg one tablet three times a day. A more recent progress note dated October 24, 2014 indicates the injured worker is still taking Flexeril 10 mg one tablet three times a day. It is unclear from the medical record documentation as to how long the injured worker was taking Flexeril 10 mg. The date of injury was September 17, 2010 and there is no documentation predating the January 6, 2014 note. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. There is no clinical indication or clinical rationale the medical record indicating why Flexeril has been used for this protracted period of time. Consequently, Flexeril 10 mg #60 with three refills is not medically necessary.

Lidoderm patches #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Per the Chronic Pain Medical treatment guidelines and the Official Disability Guidelines topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after evidence of a trial with first-line therapy (antidepressants and or anticonvulsants). They are not recommended for non-neuropathic pain.

In this case, the injured worker is being treated for chronic low back pain, left groin pain, left hip/buttock pain, left lower lumbar facet joint arthropathy, sacroiliac joint arthropathy, and history of left L5 - S1 discectomy. These are non-neuropathic etiologies and consequently, Lidoderm patches are not clinically indicated. Additionally, the Lidoderm patch was noted in a January 6, 2014 progress note. There is no clinical documentation of objective functional improvement nor was there any documentation of whether the topical analgesic is providing any subjective or objective relief. Consequently, absent the appropriate clinical documentation and more importantly, absent the appropriate clinical indication, Lidoderm patch #30 with three refills is not medically necessary.