

Case Number:	CM14-0195329		
Date Assigned:	12/03/2014	Date of Injury:	04/30/2003
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional spine Pain Management 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 48 year old male with the injury date of 04/30/03. Per treating physicians report 11/03/14, the patient presents with pain in his lower back and right knee. The patient rates his lower back pain as 9/10 and his right knee pain as 6-7/10. The patient reports that his right side of lower back pain radiates down posterior high into his lateral and posterior calf in the lateral side of his foot. He also reports experiencing numbing or tingling sensations in his right leg. The patient has had 3 Orthovisc injections with mild improvement. The patient has been taking numerous medications not only for his pain but for his other medical problems. The patient takes Celebrex, Lidoderm patch and Effexor. The ROM of his lumbar spine is extremely limited with flexion to 20 degrees, extension to 10 degrees, lateral bending to 10 degrees bilaterally. The ROM of his right knee is 0-110 degrees of flexion with pain at the end of range of flexion. The list of diagnoses is: Right-sided L4-L5 and central L5-S1 disc bulges; multilevel lumbar facet syndrome with fluid in the facet joints from L3-4 through L5-S1; associated right L5-S1 radiculitis and right knee osteoarthritis. Per progress report 10/27/14, the patient has the same pain in the right side of his lower back and right knee. The patient describes his pain as aching, burning and stabbing. He states that "70% of his pain is located in his back and 30% of his pain is in his leg." The patient reports experiencing 50% pain reduction with muscle relaxant. The patient takes Effexor and Fexmid an as-needed basis. Per progress report 10/02/14, the patient reports increased low back pain, rating as 8-9/10. The patient rates his knee pain as 5-6/10. The patient underwent epidural steroid injection on right L5-S1 on 08/01/14. The patient can return to work with modified duties. The utilization review determination being challenged is dated on 11/06/14. Treatment reports were provided from 02/22/13 to 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine, Lidocaine Page(s): 57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Lidoderm® (lidocaine patch)

Decision rationale: The patient presents pain and weakness in his lower back, right knee and right leg. The request is for Lidoderm Patches #30. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per the utilization review letter 11/06/14, the patient has been utilizing Lidoderm patches since at least 01/08/13. The patient does not present with neuropathic pain that is peripheral and localized. There is no evidence that this topical has been effective in any way. Per progress report 02/22/13, the patient rates his pain as 9/10 without Lidoderm patch. Per progress report 11/03/14, the patient rates his back pain as 9/10 with Lidoderm patch. The request is not medically necessary.

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: The patient presents pain and weakness in his lower back, right knee and right leg. The request is for Fexmid 7.5mg #60. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the progress report 10/27/14 indicates that the patient has 50% pain reduction and improved his sleep with muscle relaxant. However, the provider does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare

up's. Review of the reports show that the patient has used Fexmid since at least 7/29/14. The request is not medically necessary.