

Case Number:	CM14-0204254		
Date Assigned:	12/16/2014	Date of Injury:	10/28/2002
Decision Date:	02/11/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 28, 2002. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve Flexeril and Lidoderm patches. The applicant's attorney subsequently appealed. In a handwritten progress report dated December 8, 2014, the applicant reported persistent complaints of low back and knee pain. The applicant was pending a total knee arthroplasty, it was stated. The applicant's work status was reportedly unchanged. It was not clearly stated whether the applicant was working or not. On November 4, 2013, the attending provider stated that the applicant was already permanent and stationary with permanent restrictions in place. The applicant's medications list, once again, was not clearly outlined. In a handwritten progress note dated January 3, 2014 and March 7, 2014 likewise contained no references to medication selection or medication efficacy. In an RFA form dated October 20, 2014, authorization was sought for Vicodin, Flexeril and Lidoderm. In an assisted progress note of October 27, 2014, the applicant reported ongoing complaints of neck, shoulder, and elbow pain. Unchanged permanent work restrictions were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg quantity #90, with 3 refills as needed: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using variety of other agents, including Vicodin. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90 tablet-3 refill supply of cyclobenzaprine (Flexeril) at issue represents treatment well in the excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidoderm 5% Quantity #60, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm (lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section; Pain Mechanisms section Page(s): 112; 3.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the handwritten October 27, 2014 progress note contained no reference to issues with anticonvulsant adjuvant medications or antidepressant adjuvant medication failure. Furthermore, said October 27, 2014 progress note contained no discussion of neuropathic pain which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, was characterized by lancinating, electric, shock like, and/or burning sensations. On that date, it was suggested that the applicant had axial neck and muscular shoulder pain. Earlier notes also suggested that one of the applicant's primary pain generator included knee arthritis. None of these conditions are diagnoses traditionally associated with neuropathic pain. Therefore, the request was not medically necessary.