

Case Number:	CM14-0211450		
Date Assigned:	12/24/2014	Date of Injury:	09/24/2003
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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 Anesthesiology, has a subspecialty in 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:

According to the records made available for review, this is a 66-year-old male with a 9/24/03 date of injury. At the time (10/28/14) of request for authorization for Flexeril 10 mg, sixty count and Lidopro lotion 4 ounces, there is documentation of subjective (ongoing pain in the knees, shoulders, left elbow, wrists, and low back rated as a 6-8 out of 10, popping and clicking in the knees, spasms in the shoulders and low back, and numbness and tingling in the right leg) and objective (bilateral upper extremities lateral abduction to 110 degrees, decreased bilateral wrist range of motion, and decreased lumbar flexion and extension) findings, current diagnoses (internal derangement of the right knee, left knee pain, right hip inflammation, lumbosacral pain, bilateral wrist sprain, right greater than left lateral epicondylitis, and bilateral impingement syndrome of the shoulders), and treatment to date (ongoing treatment with Flexeril since at least 1/11/13 with management of spasms). Regarding Flexeril 10 mg, sixty count, there is no documentation of acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, #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): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the right knee, left knee pain, right hip inflammation, lumbosacral pain, bilateral wrist sprain, right greater than left lateral epicondylitis, and bilateral impingement syndrome of the shoulders. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Flexeril since at least 1/11/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of management of spasms with Flexeril, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg, #60 is not medically necessary.

LidoPro lotion 4 oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
(<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>).

Decision rationale: An online source identifies LidoPro lotion as a compound medication consisting of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of

diagnoses of internal derangement of the right knee, left knee pain, right hip inflammation, lumbosacral pain, bilateral wrist sprain, right greater than left lateral epicondylitis, and bilateral impingement syndrome of the shoulders. However, the requested Lidopro lotion contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro lotion 4 oz. is not medically necessary.