

Case Number:	CM14-0081904		
Date Assigned:	07/18/2014	Date of Injury:	10/16/2013
Decision Date:	02/24/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 36 year old female who was injured on 10/16/13. She was diagnosed with right sacroiliac joint dysfunction, right knee arthralgia, right knee chondromalacia of the patella, right knee contusion, and right knee sprain/strain. She was treated with medications, knee brace, chiropractic treatments, physical therapy, cane, and acupuncture. On 3/31/14, the worker was seen by her primary treating physician, reporting low back pain and right leg pain. Her low back pain was rated at 9/10 on the pain scale and worsening with numbness and pain radiating down her right leg into her toes. She reported taking Flexeril for muscle spasms, and Voltaren ER and LidoPro for pain, which helps to reduce her pain by about 30% collectively. She also reported being able to do more activities of daily living as a result. She reported not working at the time due to nonavailability of modified work. Physical findings included tenderness of the bilateral knees, lumbar spine, and left sacroiliac joint. Sensory examination revealed decreased right L4, L5, and S1 dermatome sensation. Also, there was a positive straight leg raise test. She was then recommended to continue home exercises, as well as continue Flexeril, Voltaren ER, and LidoPro cream. MRI of the lumbar spine was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg tablet #60 OD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of chronic use of Flexeril leading up to this request. Recent physical examination findings did not note any muscle spasm, and there was no evidence of an acute flare-up which might have warranted a short course of a muscle relaxant. On the contrary, the request for 60 pills suggests that the intention was to continue to treat with Flexeril on a chronic basis, which is not recommended or medically necessary.

Lidopro Topical Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Lidocaine Indication, Salicylate to.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: LidoPro is a topical analgesic product which contains lidocaine, capsaicin, menthol, and methyl salicylate. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence of her having tried and failed first-line therapies for her neuropathic pain before considering any topical lidocaine product. Therefore, the LidoPro will be considered medically unnecessary to continue.