

Case Number:	CM15-0009578		
Date Assigned:	01/27/2015	Date of Injury:	06/01/2005
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 is a 56 year old male, who sustained an industrial injury on 6/1/05. He has reported low back pain. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, post laminectomy syndrome of lumbar region, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, myalgia and myositis, spasm of muscle, gastroesophageal reflux disease drug induced constipation and disturbance of skin sensation. Treatment to date has included failed back surgery, heat, ice, rest, gentle stretching, exercise and medications. (MRI) magnetic resonance imaging performed on 9/13/06 revealed hemilaminectomy at L5-S1, residual central disc protrusion at L5-S1, far right lateral and left foraminal narrowing at L4-5 and left foraminal narrowing at L3-4 with disc protrusion. Currently, the IW complains of pain in bilateral lower extremities with associated numbness in bilateral legs and sole of right foot. The IW stated he has increased muscle spasms due to denial of his medications. On exam tenderness and strong spasms are noted across entire lumbar spine. On 1/2/15 Utilization Review non-certified Flexeril 10mg 2 times daily, #90, noting chronic use of muscle relaxant medication is not supported; and non-certified Lidoderm patches 5% 3 per day # 60, noting it is not recommended for neuropathic pain. The MTUS, ACOEM Guidelines and ODG were cited. On 1/11/15, the injured worker submitted an application for IMR for review of Flexeril 10mg 2 times daily, #90 and Lidoderm patches 5% 3 per day # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG, 3 Times Daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Flexeril is the muscle relaxant, cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking muscle relaxants since June 2014. By my calculations, all FTE's should be at 48.6 shifts at the end of April. Night people should be at 46. I need you to fill it in until the end of April so I can see where we are. I need this done in months not 8 week blocks. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

Lidoderm Patches 5 Percent, 3 Per Day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain Lidoderm[®] (lidocaine patch)

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made

if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses.In this case the patient has been on Lidoderm patches since at least June 2014 and has not obtained analgesia. Documentation in the medical record does not support that the pain is peripheral or localized. Criteria for use of Lidoderm patches have not been met. The request should not be authorized.