

Case Number:	CM15-0108983		
Date Assigned:	06/15/2015	Date of Injury:	04/26/2013
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury on April 26, 2013. She has reported upper back, lower back, and buttock pain with intermittent pain into both legs to the feet and has been diagnosed with lumbosacral joint ligament sprain/strain and thoracic sprain/strain. There was decreased range of motion to the lumbar spine. There was spasm and tenderness across the upper back, mid back, low back, and buttocks. There was tenderness over both S1 joints. The treatment request included Lidoderm and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for Lidoderm Patch #15. The treating physician states in the report dated 4/23/15, "Now has constant 8/10 pain across the upper back, middle back, lower back, and buttocks. Lidoderm Patch #15." (8B) The MTUS guidelines state, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." In this case, the treating physician has documented that the patient's pain has been increasing but there is no documentation of localized peripheral neuropathic pain and there is no documentation of first line therapy failure. The current request is not medically necessary.

Cyclobenzaprine 7.5mg Tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for Cyclobenzaprine 7.5mg Tab #60. The treating physician states in the report dated 4/23/15, "Now has constant 8/10 pain across the upper back, middle back, lower back, and buttocks. Cyclobenzaprine 7.5mg Tab." (8B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician documents that the patient has been taking this medication since at least January 2015 and the MTUS guidelines only recommend this medication for short term treatment. The current request is not medically necessary.